



San Francisco VA Health Care System

Clinical Psychology Postdoctoral Residency

Program 2023-2024

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Overview

For 2023-2024, the San Francisco VA Health Care System will be offering thirteen (13) one-year postdoctoral psychology residencies with focus areas in:

1. **Community-Based, General Mental Health Residency (2 positions located at the Santa Rosa CBOC)**
2. **Clinical Geropsychology**
3. **Integrated Care Psychology (3 positions)**
 - a. **Integrated Care Psychology in Pain Management**
 - b. **Integrated Care Psychology in Behavioral Medicine**
 - c. **Integrated Care Psychology in Primary Care**
4. **Dr. Stephen Rao Interprofessional LGBTQ Healthcare**
5. **PTSD**
6. **PTSD and Substance Use Disorders Treatment**
7. **Psychosocial Rehabilitation**
8. **Substance Use, PTSD and Co-occurring Disorders Treatment (2 positions)**
9. **Women's Mental Health and Trauma**

We will also be offering one (1) two-year postdoctoral psychology residency in Clinical Neuropsychology. The application procedure for this residency program is separate from the general program and program and application information can be found at:

<https://www.va.gov/san-francisco-health-care/work-with-us/internships-and-fellowships/psychology-training-programs/>

APA Accreditation

The San Francisco VA's Clinical Psychology Residency Program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is January – March 2023 **(due to site visit delays, our originally scheduled site visit timeframe for 2021 has been delayed to 2023. Reaccreditation is retroactive presuming that a confirmatory reaccreditation decision is made)**. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2029. The San Francisco VA's Psychology Residency Program is a member in good standing of the Association of Psychology Postdoctoral and Internship Centers (APPIC Program #9992) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Residency is affiliated with the University of California, San Francisco.

COVID-19 Response and Impact on Training

At the San Francisco VA, the health and safety of our Psychology Trainees, supervisors, veterans, and the community is of the utmost importance, as is maintaining high quality training and excellent care of our nation's veterans. During the COVID-19 pandemic, the San Francisco VA's Clinical Psychology Residency Program as well as all our other psychology training programs swiftly

transitioned to strongly encouraging trainees to telework full time. At the time of this writing (Fall 2022), in many instances this continues to be case, however, we are transitioning back to office-based, face-face care in a graduated manner. Also, at the time of this writing, trainees are mostly, but not exclusively, utilizing telehealth to offer clinical care to veterans, as well as virtual methods to participate in team meetings, didactics, and supervision among other experiences. Since much remains uncertain locally and nationally about the pandemic, we cannot fully predict how service delivery and other opportunities within each focus area will evolve for the 2023-2024 training year. We anticipate that the current approaches of telehealth and telesupervision, in addition to face-face, will continue for some time and we plan to update our training materials as circumstances change. Please feel free to reach out to me at Samuel.Wan@va.gov if you have any questions or concerns.

Application and Timetable: The SFVAHCS is **exclusively utilizing the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all positions.

- Applications are **due by Monday, January 2, 2023 11:59pm Eastern Time (8:59pm Pacific Time)**.
- All **interviews** will only be **VIRTUAL** and conducted over the course of three weeks as follows:
 - **Weeks of January 23, 2023, January 30, 2023, February 6, 2023 and February 13, 2023 (specific dates TBD)**
 - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**
 - **We have planned for all interviews to be conducted via technology (i.e., telephone or video calls). In-person interviews will not be available.**
- You may apply to more than one focus area. We ask you to be intentional about the focus area(s) that you consider, but we do not place a limit on how many areas that you include
- You need to submit and pay for **ONLY ONE** application, even when applying to multiple areas
- Please submit electronic applications to **APPA CAS** at:
<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** can be found at the end of this **brochure**.

Please see more details in the **Application & Selection Procedures** section (end of brochure).

The Training Setting

SFVAHCS Web Site

<https://www.va.gov/san-francisco-health-care/>

Hospital Community

The San Francisco VA Health Care System, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan and diverse cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include over 20 buildings.

Each year San Francisco VA Health Care System provides Services to more than 400,000 veterans living in

an eight-county area of Northern California. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open-heart surgery in addition to mental health treatment.

The San Francisco VA Health Care System is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and we train 1500+ of their students in 60+ professional and allied health academic programs yearly.

In addition to its broader commitment to the veteran population and education, SFVAHCS has the largest funded research program in the Veterans Health Administration with more than \$80 million in annual research expenditures. Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. There are over 200 active research projects currently being conducted. Areas of particular interest are PTSD, substance use, women's health, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAHCS also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$50 million dollars, from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy and is the site of VA's National Center for the Imaging of Neurological Diseases.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance use programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Patient Population

The San Francisco VA Health Care System serves a predominantly male population above the age of 18 years, although the number of women accessing services is significant and increasing. All racial/ethnic groups are represented and there is a large LGBTQ community. Patients span the spectrum of socioeconomic classes, but most are considered working class.

Veterans do not have to have served in a war to receive benefits; however, the largest cohort seeking services are the Vietnam Era veterans, most of whom are roughly in their late 60s to their early 80s. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

Psychology Setting within SFVAHCS

Psychological services and psychology training at San Francisco VA Health Care System are embedded within the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, and addictions specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as the General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction Recovery Treatment Services Programs, Neuropsychological and Psychological Assessment Program, Integrated Care Psychology, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-Based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in San Bruno, Downtown SF, Santa Rosa, Clearlake, Ukiah and Eureka. Most supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Weill Institute of Neuroscience), University of California, San Francisco-Medical School.

There are several career development awardees (including psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive, and are found in some of the faculty biosketches at the end of this brochure.

General Breadth of Training

Education of current and future health care providers is one of the five missions of the San Francisco VA Health Care System. Over 600 residents, residents, interns and students from a wide array of disciplines train here yearly. Unit-based in-services are offered regularly. Since the Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, our staff and trainees typically have access to their colloquia and seminars including weekly Psychiatry Grand Rounds. In 2000, the San Francisco VA Health Care System inaugurated a VA-funded Clinical Psychology Postdoctoral Residency (formerly Fellowship) Program in clinical psychology with two focus areas in Posttraumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). Since 2007, our residency has expanded to include more than nine (9) focus areas including Women's Mental Health and Trauma, Primary Care Psychology, Geropsychology, Infectious Disease and Liver Medicine, Pain, Psychosocial Rehabilitation, LGBTQ needs, Community Mental Health/Rural Psychology, Evidence-Based Psychotherapy and a 2-year Postdoctoral Residency in Clinical Neuropsychology. The San Francisco VA Health Care System also has an APA-accredited Psychology Internship Training Program and a large Psychology Externship (practicum) Training Program. Residents may have the opportunity to supervise these trainees.

Training Model and Program Philosophy

While some of our areas of emphasis do include research activities, the overall philosophy of our psychology training program is best described as **scholar-practitioner**. Training occurs in the context of the core clinic placements (focus areas).

The model is **developmental** in nature. We recognize that residents come to us with different levels of

experience, and we strive to build upon baseline skills and competency benchmarks acquired during predoctoral internship. The resident will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence. The goal is that the resident graduate with the advanced competencies of an entry level psychologist. Advanced training is defined, but not limited to, the following criteria:

- Focused learning by means of intensive immersion in clinical experiences in the focus area with supervision by licensed psychologists with established competencies in these areas.
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to the area of emphasis.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in scholarly activities relevant to the focus area under the mentorship of psychologists or psychiatrists involved in research in these areas.
- General professional development, including being embraced as a junior colleague
- Internalizing the role of supervising and mentoring other trainees
- Multicultural competence and humility, and the ability to work effectively with individuals of various identities.

The national training mission of VA is broad and explicitly includes training of health care professionals for the VA system, as well as for the nation. We train residents who go on to VA jobs, as well as research, academia, other medical centers, as well as the private sector. A number of our own postdoctoral residents have recently gone on to obtain positions in VA careers, both here and at other facilities.

Our training program is **self-reflective in our efforts toward diversity, equity and inclusion** and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences, as well as challenge adverse systemic biases. In our efforts to train culturally aware, competent and self-reflective psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various identities, inc. racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

A prime example of our commitment to cultural competence and diversity awareness is our active Psychology Diversity Committee, with members representing all levels of psychology at the SFVAHCS, including faculty, residents, interns, and externs. The Psychology Diversity Committee aims to provide a professional and open climate that respects diversity and provides a forum to discuss issues related to cultural competence and diversity, equity and inclusion. A sample of the committee's activities are presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees.

Program Goals and Objectives

In the service of training residents who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in profession-wide competencies (Level I) including the integration of science and practice, ethical and legal issues and individual and cultural diversity, as well as specific core competency goals (Level II) in the areas of assessment; intervention; consultation; supervision; and professional values, attitudes and behaviors.

The Training Program Model and Philosophy are expressed in the following training goals:

1. Residents will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although residents receive supervised training using a range of techniques, emphasis is placed on diagnostic interviewing and assessment.
2. Residents will develop competence in the provision of psychological interventions and general psychotherapy skills through supervised experience in a range of clinical and theoretical approaches.
3. Residents will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others within an interdisciplinary system of learning. Residents should be able to think rigorously about what they do as psychologists and within various contexts.
4. Residents will develop skills in clinical supervision and teaching through supervised experience and didactic training.
5. Residents will demonstrate professional behavior consistent with professional, ethical and legal standards, guidelines and policies. They will have a mature understanding of professional ethics as well as issues of ethnic, cultural, gender, socioeconomic and sexual diversity.
6. Residents will understand the interface between science and practice and apply scientific knowledge to the clinical setting and become educated consumers of empirical research.

Residents will develop the ability to utilize supervision and mentoring regarding professional development and growth. Residents are expected to develop openness, flexibility and a sincere interest in reflective practice learning about themselves and their identities as psychologists.

Program Structure

Each resident is selected to join a particular focus area (outlined below) and training occurs in the context of a number of clinical rotations. The resident will train in the clinic(s) associated with their particular area and receive supervision from the psychologists, psychiatrists, nurse practitioners and social workers leading those clinics. Even when there generally is one resident per focus area, residents often have the opportunity to work with each other in overlapping rotations.

Clinical activities vary across focus area and may include comprehensive evaluations and brief treatments as part of an integrative multidisciplinary team in the Mental Health Access Center; focus area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; and development and delivery of psychoeducational material. Advanced interprofessional training through consultation with team members regarding patient care and writing of care plans is essential. The

resident receives seminar instruction and didactic material to facilitate learning skills related to the focus area. Residents will also focus on developing supervision skills through supervised experience. There is also an importance placed on leadership, program development, and research.

Residents' Seminar: As part of the overall training experience, every resident participates in the Clinical Psychology Postdoctoral Residents Seminar co-led and managed by the Director of Training and the Assistant Director of Training (TBD). The seminar is designed for the exploration of professional, clinical, and training issues with other residents and staff. Topics include but are not limited to employment-related issues (e.g., learning about the job market, interviewing, negotiation), local employment opportunities (often presented on by former residents), licensure, supervision, and other subjects relevant to professional development (e.g., service to the profession through professional associations). The seminar is also a forum for the sharing of information and discussion of issues that arise that are relevant to the fellowship class. Completion of the EPPP (national licensing exam), in particular, and CPLEE (California exam) if appropriate, prior to the end of the residency year is well supported and residents may use allocated authorized administrative leave for study time. Additionally, presentations and didactics will be offered based on a combination of historically useful presentations, as well as residents' interest.

Residents sometimes may also attend sessions of the UCSF-CPTP Clinical Seminar Series which focuses on evidence-based clinical interventions, career development, and licensure issues and provides the opportunity to meet and integrate with residents outside of the VA and other UC Faculty. Some of these seminars may count for coursework required for licensure as a psychologist in California.

Residents have ample opportunities to participate in program development and take active leadership roles. All residents have the opportunity to conduct an administrative project during the year. Examples of such are Externship Coordinator, Quality Improvement Projects, or organizing various training seminars. Research activities may be negotiated with your supervisor. The resident may select a research mentor and meet weekly to discuss planned or ongoing research. The resident may join an existing project or pick a topic of research interest, collaborate in the development of grants for new research projects, and attend regularly scheduled research laboratory meetings.

Time commitment for completion: The residency requires a one-year (12-month, 52 week), full-time training commitment of 40 hours per week, earning approximately 2080 hours towards licensure (this total is always less due to holidays and leave time that is not counted).

Supervision: Residents will receive at least four (4) hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Residents should expect to be assigned readings and literature reviews as part of their supervision.

Self-Disclosure: Self-disclosure in forms of discussions about personal reactions to patients may be incorporated into some supervision. Our attention to this is done for the benefit of the resident's

patients and the resident's development of their self-reflective practice and professional development. Residents may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a resident whose personal problems are preventing the resident from performing professional activities competently or whose problems are posing a threat to the resident or others.

Evaluations: Our goal is to produce graduates who are prepared to assume different roles as professional early career psychologists. The training goals stated above describe the core competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. Residents are formally evaluated three times per year (4 months, 8 months, 12 months [end of year]). Evaluations are discussed with residents and may be modified by mutual agreement before being submitted to the training files. Residents also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Directors of Training will be completed at the end of residency to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Resident Evaluations quantitatively track successful mastery of each benchmark and competency area.

Focus Areas of Training

For 2023-2024, the San Francisco VA Health Care System will be offering thirteen (13) one-year postdoctoral psychology residencies with focus areas in:

1. **Community-Based, General Mental Health (2 positions located at the Santa Rosa CBOC)**
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9. **Women's Mental Health and Trauma**

Brief depictions of our **nine (9) focus areas** are provided below in alphabetical order.

1. Community-Based, Mental Health at the Santa Rosa CBOC (2 positions)

Our two residents spend 80% of their tour of duty at the Santa Rosa Community-Based Outpatient Clinic (CBOC) and 20% of their tour at the main SFVA campus. The Santa Rosa Clinic is the largest VA CBOC in the region, serving over 10,000 Veterans who reside in Sonoma, Marin, Napa, and Mendocino counties.

Construction on our brand-new clinic is expected to be complete in June 2022 and will triple the size of current departments. Our expanding interdisciplinary mental health team currently consists of seven psychologists, three psychiatrists, two psychiatric nurses, two clinical social workers, two psychiatric nurse practitioner, two peer specialists, and two medical scheduling assistants. The Mental Health Clinic primarily functions as a generalist clinic, with an emphasis on multi-disciplinary care and evidenced-based treatments. Over the next year, we expect Santa Rosa Mental Health services will expand to include two subspecialty programs focused on Substance Use Recovery, and Posttraumatic Stress Disorder.

A key benefit of our residency program is the flexibility to custom tailor a training plan that supports each resident's unique career goals. Drawing from the range of presenting cases seeking care at our clinic, residents have opportunities to develop advanced competence in the assessment and treatment of PTSD, Substance Use Disorders (SUD), Mood Disorders, Military Sexual Trauma (MST), readjustment to civilian life, sexual and gender minorities, Women Veterans, as well as a broad range of other chronic and acute disorders. The focus of our residents' clinical work is based on their interests and training needs. Residents receive training and supervision in evidence-based treatments (e.g., CBT, CPT, DBT, IBCT, IRT, MI/MET, PE, MBSR, MBCT).

In addition, the residents develop further competence in mental health triage, crisis management, individual and group therapy, psycho-educational skill-based programs, and program development. Given our close interactions across departments, residents also gain skills and competencies in interdepartmental collaboration and consultation. In response to Covid precautions and the semi-rural nature of our location, our providers are very familiar with the use of telemental health (TMH) to provide services to isolated patients.

The remaining 20% of the tour of duty (Mondays) is typically spent at the SFVAMC campus pursuing a year-long rotation in a specialty clinic. Placements are based on residents' specific interests, as well as supervision availability. Examples of potential training opportunities at SFVAMC include (but are not limited to): Women Veterans Mental Health, Geropsychology, Trauma Disorders, LGBT Interdisciplinary Health, Substance Use and Co-occurring Disorders Treatment, and Telemental Health clinics.

Overall Program Structure: Santa Rosa residents typically provide 6-8 hours of individual therapy, co-facilitate 2-3 groups, conduct one structured interview with Veterans, and cover 4 hours of on-call/triage support during the regular work week. Residents gain additional training and clinical experience in an area of advanced interest related to the specialty programs and clinics offered at the Santa Rosa CBOC and the SFVAMC (e.g., Women's health, Sexual/gender minorities, Geropsychology, Trauma disorders, SUD, Couples' therapy, Suicide prevention, PCMHI, TMH).

Beyond their direct clinical hours, residents usually have the opportunity to supervise psychology practicum students (externs) in individual and group treatments, with supplementary supervision-of-supervision provided each week. Professional development is further encouraged through participation in weekly clinical seminars, mental health interdisciplinary team meetings and consultation groups, clinic-wide staff meetings, and individual supervision. In addition to clinical responsibilities, Residents develop competency in providing consultation to providers from other disciplines, preparing reports, developing didactic presentations, and participating in multidisciplinary case conferences.

Integration with SFVAMC and Santa Rosa CBOC: The residents selected for the Community-Based Mental

Health Residency are fully integrated with Psychology and Mental Health Services at the San Francisco VA Medical Center. Residents are encouraged to participate in the VA Psychology Staff Meeting, the Evidenced-Based Psychotherapy Seminar, the Psychology Residents Seminar, the Psychology Training Committee Meeting, and the Psychology Diversity Committee Meeting, among others.

Supervision: Primary supervision of residents is provided by full-time staff psychologists at the Santa Rosa CBOC. Additional supervision and clinical feedback are provided by social workers, psychologists, and psychiatrists at both the Santa Rosa CBOC and the SFVAMC. Residents have the option to request extended hours to address demands on the clinic, with appropriate adjustments to their weekly schedules.

Core Faculty:

Jeremy Joseph, PhD; Santa Rosa Training Coordinator (mood disorders, couples therapy, mindfulness)
Sonia Milkin, PhD (severe mental illness, psychosis, gender norms)
Elizabeth Nazarian, PsyD (substance use disorders, trauma)
Monica Sanchez, PhD (women's health, moral reconnection, ACT)
Anna Harrison, PhD (suicide prevention coordinator)
David Joseph, PsyD (Mental Health Clinic Director)

Additional Training Faculty:

Peter Stuart, MD (cross-cultural psychiatry, community psychiatry, augmented psychotherapies).
Anton Petrash, MD (psychoneuroendocrinology)
Jackie Reams, NP (substance use disorder)
Terri Drew, NP (primary care mental health integration)

2. Clinical Geropsychology

The Clinical Geropsychology residency within the Division of Geropsychiatry, as well as Geriatrics, Palliative and Extended Care, is comprised of **four core rotations** and several elective rotations, which will provide a breadth of advanced training and supervision opportunities in the psychology of aging within various settings (e.g., inpatient, acute care, long-term care, outpatient). The postdoctoral resident will further develop expertise in assessment, intervention, consultation, and scholarship with older adults, families and carepartners. A developmental foundation in attitudes, knowledge and skill-based competencies are in line with the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009), as well as the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2013). Additionally, this training program is designed to be consistent with the requirements for the American Board of Professional Psychology Certification in Geropsychology (ABGERO). We seek to help each resident develop their identity as a professional geropsychologist in a way that takes into consideration core geropsychology competencies, areas of growth based on prior experiences, facilitate individual goals and interests, as well as offer new opportunities in training. Residents will also have the opportunity to provide supervision to the intern in the Geropsychology track during the year as well.

Community Living Center (CLC)

The CLC is an approximately 100-bed facility for veterans admitted for short-stay rehabilitation, short-stay skilled nursing or dementia care, respite, long-term care, or hospice. Veterans present with a wide range of psychological and neuropsychological conditions, often interacting with the medical and functional issues that require extended care and/or rehabilitation and psychosocial challenges.

Psychological diagnoses may include major depression, PTSD, substance use disorders, bipolar disorder, anxiety disorders, schizophrenia, schizoaffective disorder, personality disorders, problems with interpersonal functioning, bereavement, end-of-life issues, and adjustment disorders.

Neuropsychological conditions can include dementia, mild neurocognitive disorder, head injuries, stroke, Parkinson's disease, and multiple sclerosis, among others. Referral questions include but are not limited to psychodiagnostic, cognitive, capacity, and risk assessment; behavioral assessment and management; individual and group therapy; and motivational approaches including enhancement of treatment compliance.

Residents will have the opportunity to work closely within an integrated interdisciplinary team, and their primary focus can be adapted flexibly based on their training goals. For example, they may attend weekly interdisciplinary distressed behavior rounds based on the STAR-VA model and provide support and training to nursing staff to focus on behavioral management. Alternatively, they may choose to focus more on the Social Focus Cohort (SFC), a 15-bed unit for veterans with psychiatric diagnoses and/or personality disorders exacerbated by being in the CLC. The primary goal is to improve veterans' overall quality of life through various groups, individual therapy, and community integration activities with providers with specialty expertise in mental health.

Opportunities may also be available to provide supervision to externs or interns. Residents regularly interact with providers from various disciplines via interprofessional rounds and informal consultation, including geriatricians, social workers, recreational therapists, physical and occupational therapists, dietitians, pharmacists, psychiatrists, and nursing at all levels. In addition, each resident is an active part of weekly interdisciplinary team rounds and meetings. Resident spends 3 half days a week/full year on this rotation.

Supervisor: Nicole Torrence, Ph.D.

Geriatric Mood Assessment Clinic

The Geriatric Mood Assessment Clinic is an outpatient setting within the Division of Geropsychiatry. This rotation consists of 2 primary components: psychotherapy (individual and group) and psychological assessments (e.g., MMPI2-RF, MCMI-IV, SCID, cognitive screeners). During this rotation residents will expand their individual and group psychotherapy skills in evidenced based psychotherapies (EBP) such as CBT and IPT, in addition to facilitating 1-2 groups (e.g., cognitive rehabilitation). Additionally, residents will conduct psychodiagnostic evaluations and reports to help refine and provide diagnostic clarity to the intradisciplinary team of psychiatrists, social workers and nurse practitioners. Typical diagnostic cases include depression/SI, anxiety, PTSD, adjustment to aging, personality disorders, LGBT issues, grief and MCI/dementia. Residents will spend 2 half days a week on this rotation (8 hours per week/full year).

Supervisor: Nicole Torrence, Ph.D.

Behavioral Education and Support Team (BEST)

The Behavioral Education and Support Team (BEST) is an interdisciplinary, inpatient consult service that evaluates and provides support and recommendations for patients exhibiting behavioral dyscontrol that is impeding care in the acute medical setting (including ICU). These distressed behaviors may be related to medical, psychiatric, and/or cognitive symptom constellations (or, more often, a combination of these). The team is comprised of a psychologist, two psychiatric RNs, an OT, and a psychiatrist and a part-time Social Worker. Examples of typical consult questions include: patients with cognitive impairment (dementia vs. delirium) who may benefit from behavioral recommendations and environmental (including staff) modifications to reduce the frequency of distressed dementia-related behaviors (i.e., hitting staff, attempting to leave), patients who may be cognitively intact but due to psychiatric and/or personality disorders may benefit from behavioral contracts to ensure appropriate interactions with staff; providing support and education/coaching to unit staff to ensure everyone is able to interact with patients safely and effectively while attempting to reduce staff burnout; and patients who are generally appropriate with staff and in good behavioral control, but would benefit from ongoing support and evaluation for distracting, pleasant activities to cope with hospitalization and engage with providers and recommended interventions (these are often patients with adjustment disorders, grief related to health status changes including amputation, depression/mood/anxiety symptoms, PTSD exacerbated by hospitalization, and passive SI).

The psychologist on the team takes observations of behavioral challenges, interviews patients (and stakeholders, including unit staff) and obtains additional information about behavioral control/dyscontrol as appropriate, engages patients in brief, supportive psychotherapy, uses psychometric measures to evaluate degree of organically-based dyscontrol and stimulus boundedness, and develops contingency management-based behavioral plans (in collaboration with other team members and other teams). Experiences on this team could also include visits to facilities in the community where we are supporting patient discharge (i.e., evaluating and assisting before, during, and after discharge from the inpatient setting). Residents will spend 1 half day a week on this rotation (4 hours per week/full year).

Supervisor: Kathryn Phillips, Psy.D.

Palliative Care / Hospice

The Hospice and Palliative Care rotation, in the division of Geriatrics, Palliative and Extended Care division, provides residents with the opportunity to work with veterans and families who are experiencing life-limiting and terminal illnesses. Residents on this rotation will spend several hours a week with the acute care palliative consultation team, inpatient hospice unit and outpatient palliative clinic. The hospice unit is a 10-bed inpatient setting within the Community Living Center. The resident will develop skills needed to assist veterans and families with end-of-life care, such as individual psychotherapy (i.e., meaning centered), brief cognitive screeners, mood evaluations, bereavement counseling and staff support. Residents will become trained in goals of care discussions, symptom management and end-of-life. Residents will work with a multidisciplinary team that includes physicians, nurse practitioners, social workers, chaplains and pharmacists. Residents will spend 2 half days on this rotation (8 hours per week/full year).

Supervising Geropsychologist: Nicole Torrence, Ph.D.

Potential Optional Rotations/Experiences

The resident may participate in the following optional rotations and experiences depending on their training goals and needs as well as supervisor availability.

Research/Program Development

Residents with ongoing research or program development/quality improvement (QI) needs are strongly encouraged to seek out mentors and faculty at SFVAHCS/UCSF with similar interests.

Geriatric Neuropsychology

This is a half day clinic provides exposure to conducting dementia assessments and capacity evaluations as well as a cognitive rehabilitation group. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple-hour test batteries often used in neuropsychology. Most gero-neuropsych assessments involve 1.5 - 2.5 hours of testing. The resident is responsible for the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and family. Most of the diagnosis include differentials for: Alzheimer's disease, vascular dementia, Mild Cognitive Impairment (MCI), Vascular Cognitive Impairment (VCI) and frontal temporal dementia (FTD).

Access Clinic – General Mental Health

This half day clinic provides the residents with an opportunity to conduct clinical intakes with an intradisciplinary mental health team of psychologists, social workers and psychiatrists. Patients are screened and initial intakes are completed with young and older adults requesting psychiatric services. Residents may provide brief (1-4 sessions) therapy and help the patient establish care in a long-term clinic.

Supervising Geropsychologist: Nicole Torrence, Ph.D.

Didactics and Seminars

Residents will attend the weekly National VA Postdoctoral Seminar. This live, online seminar will cover a variety of topics related to advanced care for older veterans and their families. Lectures are provided by expert faculty members (VA geropsychologists as well as community clinicians) and leaders in the field of geropsychology; topics include ethics, multicultural issues in aging, interprofessional collaboration, evidence-based assessment and intervention for a range of mental health and aging-related issues, supervision, and professional development (e.g., board certification). Several optional didactics through SFVAHCS and UCSF are offered through the departments of Neuropsychology, Geropsychiatry, Palliative Care and Geriatric Medicine depending on trainee goals and interests. There are also opportunities to present to a range of different professional disciplines at the SFVAHCS, UCSF and local/national conferences if so desired.

Residents will also participate in the weekly Integrated Care Psychology (ICP) didactics, which includes a variety of presentations related to working with older adults; topics relevant to providing mental health services in this type of setting (e.g., risk assessment, diversity, adherence, chronic pain, insomnia).

Core Faculty:

Kathryn Phillips, Psy.D., Staff Psychologist
Nicole Torrence, Ph.D., Staff Geropsychologist
Jenny Yen, Psy.D., Staff Geropsychologist

Additional Training Faculty:

Anne Kelly, LCSW, Geriatrics
Brittany Linton, PhD, Staff Psychologist
Erin Watson, PhD, Staff Psychologist

3. Integrated Care Psychology (3 positions)

Applicants have the option to apply to Integrated Care Psychology with a preference for their focus area (3 positions in different focus areas): Pain Psychology (1 resident), Behavioral Medicine (1 resident), and Primary Care Psychology (1 resident).

Overview:

Integrated Care Psychology (ICP) Residents spend their time working collaboratively in busy primary care, behavioral medicine, and/or general mental health clinic settings. The goal of the training program is to prepare residents to be able to work independently in a variety of integrated care settings and formats and to interface effectively with medical staff and allied professionals to provide comprehensive patient-centered care.

These focus areas offer a wide range of experiences and can be tailored to fit the needs and long-term professional goals of trainees. Interprofessional education and communication is emphasized within various models of multidisciplinary and interdisciplinary care settings. Residents are mentored in the complexities of the role of psychologist within healthcare teams. Residents also have an opportunity to develop supervision skills in the ongoing supervision of pre-doctoral psychology trainees. Research opportunities exist and residents are encouraged to be involved through either a small project of their own or as part of an ongoing faculty project. There are additional opportunities for leadership, program development, program evaluation and quality improvement projects.

The following required learning opportunities exist for each ICP Resident:

- 1) **EdPACT Interprofessional Education and Practice:** ICP Residents in these focus areas are integrated within the Education in Patient Aligned Care Teams interprofessional training program (referred to as EdPACT). The overall mission of EdPACT is to develop and implement a model of patient-centered, interprofessional education that advances primary care within and beyond the VA. The EdPACT training model brings together teams of health care providers and staff, including internal medicine residents, nurse practitioner students and residents, psychology residents, pharmacy residents, nutrition residents, and social work trainees to build core knowledge and skills that trainees apply to their own individual patients and the clinical systems in which they work. This educational model incorporates design principles for optimal workplace learning, using experiences from clinical practice as the primary curricular material, establishing a

culture and supportive working relationships that reinforce patient-centered approaches to care, and activating providers/staff/trainees to take responsibility for improving patient care. Communication, teamwork, and continuous performance improvement are the primary foci of interprofessional skill-building. Residents spend one to four hours in EdPACT interprofessional curriculum per week. You can learn more about EdPACT [here](#).

- 2) **Integrated Care Psychology (ICP) Seminar** occurs weekly and is facilitated by Drs. Watson and Linton. Topics are specific to integrated care as well as professional development, such as: integrated care psychology, chronic pain, LGBT affirming practices, women's health, diabetes, risk assessment, health disparities, insomnia, geropsychology, sexual health, applying for jobs, weight management, stress management, smoking cessation, mentoring, and culturally-informed practice. Pre-doctoral externs and interns rotating through integrated care clinics are also invited to attend this seminar.
- 3) **Supervision and Training Opportunities:** Each resident will be provided at least four hours of supervision weekly with licensed psychologists, particularly staff involved with the integrated care psychology program. There will be a weekly group supervision, co-facilitated by alternating integrated care staff in an effort to expose ICP trainees to a wide range of flexible supervisory styles. While individual supervision will include case management, it will also focus strongly upon professional development within the clinics and VA setting, ethical decision-making, multicultural and diversity factors, issues concerning program development, professional identity, interface between clinics, supervision and work/life integration. The resident may have opportunities to supervise interns and externs on individual treatment, co-lead groups with these trainees as the senior clinician, and receive supervision from staff focused on acquisition of this skill.

3a. ICP: Pain Psychology

Overview

This emphasis area focuses on learning how to work in interdisciplinary medical teams that focus on the treatment of chronic pain. Residents will work with many different disciplines, including physical therapy, occupational therapy, nutrition, chaplain services, pharmacy, nurse practitioners, nurses, and physicians (anesthesiologists and internal medicine physicians). Residents will learn to complete biopsychosocial evaluations that include assessment of pain, opioid risk, and suicide risk. Residents will have the opportunity to learn how to provide psychoeducation related to the neuroscience of pain, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy for chronic pain. In addition, residents will participate in the bariatric Surgery Clinic as the behavioral health consultant. An emphasis will be placed on interdisciplinary care coordination and treatment planning with highly complex patient presentations, often including mental health and substance use disorder comorbidities.

The San Francisco VA offers pain management services that address all aspects of the VA's Stepped Care model of pain from the primary care level (Integrated Pain Team) through tertiary pain rehabilitation services (the Intensive Pain Rehabilitation Program). Residents will have a chance to participate a full range of services, which will also offer experience working in different models of interdisciplinary pain

care.

The following required rotations for this emphasis area are as follows:

1. Integrated Pain Team: The Integrated Pain Team (IPT) assists patients in optimizing non-opioid pain management and helps decrease risk associated with opioid use. This team includes a physician or nurse practitioner, pain psychologist, and pain pharmacist and provides services in-person at SFVA and via video conferencing to the Ukiah, Clearlake, and Eureka CBOCs. Residents assigned to this team will learn the role of a psychologist in a fast-paced, highly integrated pain team. An emphasis will be placed on assessment and treatment planning for patients with complex medication regimens, chronic pain conditions, and possible opioid-related risk, substance use disorders, and/or mental health conditions. Residents may also assist with the leading of CBT for chronic pain groups, in-person or by video conference. The primary supervising psychologists are Drs. Payal Mapara and Erin Watson.

2. Intensive Pain Rehabilitation Program: The Intensive Pain Rehabilitation Program (IPRP) is the CARF-accredited tertiary care program for VISN 21. It is a 12-week, three day per week group-based program in which patients with highly complex chronic pain conditions work with an interdisciplinary team on optimizing pain self-management and achieving functional goals. The IPRP team includes psychologists, a physical therapist, an occupational therapist, a registered dietitian, a nurse, and a pharmacist. Residents will become proficient in the application of CBT for chronic pain and/or ACT to a tertiary care population. Residents will participate in weekly team meetings. The primary supervising psychologists are Drs. Payal Mapara, Sarah Palyo, and Joseph Chung.

3. Integrated Care Psychology Clinic and Consult Management Residents can have the opportunity to see patients with chronic pain for individual treatment sessions. Treatment modalities include CBT for chronic pain and ACT. Most patients in the pain management services are encouraged to attend groups, so individual sessions are reserved for those with scheduling difficulties and the most complex presentations who may be inappropriate for a group setting. Psychological evaluations are required for all patients prior to trial of an implantable spinal cord stimulator. Psychology works closely with Pain Clinic Anesthesiologists to determine appropriateness of candidates for a spinal cord simulator trial. Residents will learn how to perform an in-depth, two-hour psychological evaluation for a spinal cord stimulator. Residents will also assist in screening patients for pain psychology and other behavioral medicine services by phone, which allows for experience in brief triage and treatment planning. The primary supervising psychologists are Drs. Sarah Palyo, Payal Mapara, and Erin Watson.

4. Interdisciplinary Assessment Clinic: Housed within the Anesthesia-based, specialty care Pain Clinic, the Interdisciplinary Assessment Clinic provides evaluations for the purpose of comprehensive treatment planning and consideration for enrollment in the Intensive Pain Rehabilitation Program (IPRP). Residents will get to work alongside Anesthesiologists as they evaluate for appropriateness of image-guided interventional procedures, spinal cord stimulators, and medication options. They will get to observe how a Physical Therapist evaluates, treats, and educates about chronic pain. Residents will also learn about complex care coordination, as performed by the Pain Clinic RN. Residents will learn how to complete complex biopsychosocial evaluations for treatment planning purposes and clearance for the IPRP. The primary supervising psychologists are Drs. Payal Mapara, Sarah Palyo, and Joseph Chung.

5. Weight Management/Bariatric Consultation Surgery Clinic: This rotation provides the resident the opportunity to act in a behavioral health consultant role to our Bariatric Surgery team and/or Managing Obesity in Veterans Everywhere (MOVE!) program. Residents in this rotation learn to facilitate comprehensive psychosocial evaluations for patients considering weight loss surgery (WLS). These health-specific evaluations include extensive chart reviews, intake evaluations, collateral evaluations, psychiatric assessment, and feedback sessions. There are opportunities for residents to supervise health psychology externs rotating through this service. The Move, Strength, and Wellness (MSW) program is a 12-week interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, dietician trainees, and psychology resident who co-facilitate a weekly 90-minute group session. The resident leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year. The resident may also participate in MOVE! related program development and evaluation projects. The primary supervising psychologist is Dr. Lindsay Wakayama.

Primary Supervisor:

Payal Mapara, Psy.D., Staff Psychologist, Pain Clinic

Core Faculty:

Joseph Chung, Psy.D, Staff Psychologist

Sarah Palyo, Ph.D., CPE, Clinical Director of the IPRP, Integrated Care Psychology Lead

Lindsay Wakayama, Clinical Health Psychologist, Integrated Care Psychology

Erin Watson, Psy.D., Staff Psychologist, Associate Director for Psychology, EdPACT

Pain Management Clinical Team Members:

Chun Chan, DPT

Alexandra Chang, MD

Elizabeth Gregg, NP

Nisha Iyer, PharmD

Sara Jacobs, PharmD

Alain Lartigue, MD

Andrea Lynn, RN

Tenisha Murry, LCSW

Kathryn Schopmeyer, DPT

Karen Seal, MD

Karin Sinavsky, MD

Gaylene Simmons, OTR/L

Elizabeth Son, PharmD, PhD

Christina Tat, PharmD

3b. ICP: Behavioral Medicine

Overview:

This Behavioral Medicine (BMed) focus area provides advanced training in general health psychology as well as an emphasis in behavioral weight management. As a junior colleague, the BMed Postdoctoral Resident will have opportunities for direct patient care, tiered supervision of psychology trainees, and interdisciplinary collaboration amongst various interprofessionals within a variety of medical clinics. Residents will work in fast-paced, complex medical and mental health settings including outpatient behavioral medicine (Integrated Care Psychology, ICP), bariatric surgery (Bariatric Consultation Surgery, BCS), and primary care (Primary Care-Mental Health Integration, PC-MHI). Within these clinics, patients present with diverse comorbid physical, medical, and mental health concerns including (but not limited to) insomnia, chronic pain, weight management/eating concerns, adherence issues, sexual dysfunction, tinnitus, smoking cessation, health behavior change, and chronic disease management. Residents will work with several disciplines ranging from trainees (students, residents, medicine fellows) to attending staff, including primary care providers (physicians and nurse practitioners), surgeons, endocrinologists, physical therapists, dietitians, pharmacists, social workers, nurses, and administrative support staff. The BMed Resident will become proficient in assessing, treating, and managing suicide risk as well as medical and physical concerns from a behavioral and mental health perspective, ranging from brief triage, consultation, and targeted treatment in PC-MHI, to individual and group treatment of BMed conditions within ICP, to extensive and comprehensive completion of biopsychosocial evaluations of pre-bariatric surgery candidates in BCS.

The following rotations for this emphasis area are as follows:

1. Integrated Care Psychology (ICP) Outpatient Clinic : The ICP Outpatient rotation is an opportunity for residents to provide individual psychotherapy to patients referred to our consult service for screening and psychotherapy related to chronic illness/disease or health behaviors. Common referrals include chronic pain, insomnia, weight management, tobacco cessation, and adjustment to illness. Residents in this rotation will have an opportunity to complete comprehensive psychiatric evaluations and carry out short- (6-8), medium- (8-12) to long-term (12+) psychotherapy. Opportunities to supervise health externs on individual cases is also available under the supervision of Dr. Payal Mapara. While Dr. Sarah Palyo is the manager of this consult service, the primary supervision will be provided by your assigned primary preceptor.

2. Bariatric Consultation Surgery (BCS) Clinic: The Bariatric Consultation Surgery (BCS) Clinic provides the resident the opportunity to act in a behavioral health consultant role to our Bariatric Surgery team. Trainees in this rotation learn to facilitate comprehensive psychosocial evaluations for patients considering weight loss surgery (WLS), specifically the Gastric Bypass (Roux-En-Y). These lifestyle and health-specific evaluations include extensive chart reviews, intake evaluations, collateral interviews, psychiatric assessments, and feedback sessions. There are opportunities for residents to supervise health psychology externs and possible interns rotating through this service. Additional opportunities include participating in monthly BCS team meetings, observing bariatric surgery, attending the Nutrition Education class run by BCS dietician, and conducting program management/quality improvement projects (e.g., patient satisfaction assessment).

3. Managing Obesity in Veterans Everywhere (MOVE!) Program: The Move, Strength, and Wellness (MSW) group is part of the SFVAHCS's Managing Obesity in Veterans Everywhere MOVE! program and is a 12-week interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, dietetic trainees, and a psychology resident who co-facilitate a weekly 90-minute group session (60-minutes if Telehealth). The resident leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year. The resident may also participate in MOVE! related program development and evaluation projects.

4. Primary Care Mental Health Integration (PCMHI) – Medical Practice: The Medical Practice Mental Health Integration Clinic (MP-MHIC) is a fast-paced outpatient primary care clinic where PCMHI staff and residents provide same-day mental health triage/ functional assessment, brief treatment for patients with a wide range of mental and behavioral health issues, and also provide consultation to primary care providers. The goal of our PCMHI efforts is to serve as ambassadors of mental health to help reduce stigma, improve access, and promote well-being alongside other dedicated primary care team members. Residents function as team members and work collaboratively with primary care staff and trainees in a team-based approach to address patients' physiological and psychological health needs. Find more information [here](#) if unfamiliar with the VA's PCMHI model of co-located integrated primary care.

Given the high frequency of consultation between different disciplines in medicine, pharmacy, nursing, and social work, residents will also develop familiarity with psychotropic medications, biological and physiological influences on mental health disorders, and strong emphasis on social determinants of health and understanding of health impacts on various historically medically underserved populations. As of publication, the PCMHI team consists of two psychologists, two psychiatric nurse practitioners, and additional trainees. Psychology residents work as active members of the team and work throughout the year towards improving clinical understanding and operations fidelity of the PCMHI model to obtain National VA PCMHI certification. The available primary supervisory psychologists in PCMHI-MP are Brittany Linton, PhD and Lindsay Wakayama, PsyD.

Additional Learning Opportunities include:

1. Nurse Practitioner Trainee Group Facilitator – EdPACT Training : In addition to Education in Patient Aligned Care Teams (EdPACT)'s interprofessional collaboration via quality improvement projects and patient care, ICP Residents work collaboratively with Nurse Practitioner trainees (students and residents) through co-facilitating a monthly support/professional group with Dr. Wakayama. Residents are responsible for finalizing the syllabi, communicating with group members about upcoming groups, providing biannual and prn feedback to NP preceptors about group updates and progress, and requesting and overseeing feedback from group participants informally prn and formally at the end of the training year. Sample syllabi for the [NPS](#) and [NPR](#) group are included.

2. University of California, San Francisco (UCSF)'s Eating Disorders Program Weekly Team Meetings: With its affiliation to UCSF, SFVAHCS provides a unique inter-organizational partnership. The resident will

have the opportunity to participate in UCSF Eating Disorder Clinic's Weekly team meetings, which consists of eating disorder related case consultation, didactics/education, and interdisciplinary collaboration with psychologists, psychology trainees, psychiatry residents, physicians, and medical residents. Find more information about UCSF's Eating Disorders Program [here](#).

Primary Supervisor:

Lindsay Wakayama, Psy.D., Staff Psychologist, ICP, Bariatric/Weight Management, PCMHI

Core Faculty:

Erin Watson, Psy.D., Staff Psychologist, Associate Director for Psychology, EdPACT

3c. ICP: Primary Care Psychology

Overview

The resident in this focus area will develop specific skills and competencies working in integrated primary care settings, to better prepare them for careers in primary care psychology or other co-located collaborative care medical settings in the future. Fully embracing a generalist training model, the psychology residents in the primary care focus area respond to a broad range of consultation requests from a culturally-informed biopsychosocial model of health for our diverse range of patients and in providing recommendations to other-discipline providers. Residents will split their time between the Medical Center's Primary Care-Mental Health Integration (PC-MHI) clinic and opportunities to rotate with another dedicated primary care team in our CBOC locations. Shared across all clinic environments is the focus on providing preventative care, improving access to care, and reducing mental health stigma in the medical environment.

Given the intersection of mood, behavioral, and physical health concerns, primary care residents will develop core skills in assessment and treatment for anxiety, depression and mood spectrum disorders, chronic disease management needs (e.g., diabetes, hypertension), sleep, chronic pain, smoking cessation, substance use, relationship concerns, grief and loss, sexual concerns, and lifestyle modification needs (e.g., weight maintenance, medication adherence). Residents develop and strengthen their biopsychosocial-diagnostic skills and targeted treatment planning based upon the wide exposure to physical and mental health presentations. Similarly, they utilize a range of brief treatments (e.g., motivational enhancement, CBT, anxiety management, brief PTSD treatment, acceptance-based interventions, mindfulness-based interventions, behavioral activation, and communication skills) and enhance psychoeducation delivery skills in health and disease processes.

The following required rotations for this emphasis area are as follows:

1. Primary Care Mental Health Integration (PCMHI) – Medical Practice (16-24 hours/week):

The Medical Practice Mental Health Integration Clinic (MP-MHIC) is a fast-paced outpatient primary care clinic where PCMHI staff and residents provide same-day mental health triage/ functional assessment, brief treatment for patients with a wide range of mental and behavioral health issues, and also provide consultation to primary care providers. The goal of our PCMHI efforts is to serve as ambassadors of mental health to help reduce stigma, improve access, and promote well-being alongside other dedicated primary care team members. Residents function as team members and work collaboratively with primary

care staff and trainees in a team-based approach to address patients' physiological and psychological health needs. Find more information [here](#) if unfamiliar with the VA's PCMHI model of co-located integrated primary care.

Given the high frequency of consultation between different disciplines in medicine, pharmacy, nursing, and social work, residents will also develop familiarity with psychotropic medications, biological and physiological influences on mental health disorders, and strong emphasis on social determinants of health and understanding of health impacts on various historically medically underserved populations. Emphasis is placed on residents learning health promotion and disease prevention strategies and participation in multidisciplinary and interdisciplinary care within the Patient Aligned Care Teams (PACT) along with quality improvement, leadership, and supervision opportunities in health services and integrated care psychology.

The resident is involved in the following activities in the primary care clinic:

- Developing skills to accept virtual and in-person warm hand-offs in the Primary Care Clinic to complete an initial PC-MHI functional assessment that focuses on the referral problem (refer to common concerns in Overview section).
- Residents will follow a PC-MHI Consultation model for initial and follow-up appointments (5As, functional assessment, consultation vs psychotherapy, brief time-limited sessions), and use time limited treatment interventions (as listed in Overview section).
- As training and staff permits, facilitation of brief psychoeducation groups or interdisciplinary shared medical appointments for, sleep, diabetes, and/or hypertension.
- Interdisciplinary team meetings with fellow health profession learners and PACT members, including consultation with nursing and medical staff.
- Brief teaching opportunities to the broader primary care clinic staff on behavioral health topics to improve cross-discipline provider understanding on common health concerns ideal for PC-MHI intervention
- Optional given additional interest and staff availability:
 - Residents work throughout the year towards improving clinical understanding and operations fidelity of the PC-MHI model and can obtain National VA PC-MHI certification.
 - Robust utilization of mental health technologies (i.e., apps) for treatment planning and delivery to improve resident telehealth competency.
 - Opportunities for gaining skills in clinical administrative management practices for residents interested in clinic management practices and leadership development.
 - Participation in working with PACT members that provide racially concordant primary care services to Black, Filipino, and Latinx identified veterans

As of publication, the PCMHI team consists of two psychologists, two psychiatric nurse practitioners, and additional trainees. The available primary supervisory psychologist in PCMHI-MP is Dr. Brittany Linton.

Secondary Primary Care Clinic Options [Select one per 6-month period]

1. Women's Clinic (6 hours/week): Residents function as members of the Women's primary care PACT team. Women are one of the fastest growing segments of the Veteran population. Their use of the VA health care system has nearly doubled over the last few years to comprise upwards of 14% of all VA users

(Women Veterans Health Strategic Health Care Group, 2011). The training of clinicians in the provision of quality, gender appropriate care is a high priority for the VA. Many of the patients seen in this clinic have a history of MST and experience symptoms related to PTSD. The primary supervising psychologists are Drs. Jacy Leonardo and Carolyn Gibson.

2. Downtown VA Community Based Outpatient Clinic (CBOC) (7 hours/week): Residents will work one day at the Downtown CBOC to learn how to function in CBOC-based PACTs. The Downtown CBOC serves as a Comprehensive Homeless Center, providing a range of psychosocial and health care services. Each resident is fully integrated as a member of the Downtown PACT/EdPACT team, adhering to the VA's BHIP model. The staff psychologist at the DTC clinic is Dr. Michael Burnias.

Elective Rotations: (6 hours/week)

1. Pain Psychology: The Pain Psychology rotation is an opportunity for residents to participate in interdisciplinary, medical-based clinics that take a multi-modal approach to the treatment of chronic pain conditions. Pain psychology services are offered at primary, secondary, and tertiary levels of care. Pain psychology is embedded in a number of different services, including Anesthesia, Addiction Recovery Treatment Services (ARTS), and Medical Practice. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting and facilitating therapeutic interventions in shared medical visits. In addition to psychology, disciplines represented in various pain services include anesthesia, occupational therapy, nutrition, physical therapy, pharmacy, psychiatry, internal medicine/primary care, and nursing. Residents have the opportunity to participate in a number of different interdisciplinary assessment/treatment clinics (i.e., Anesthesia-Pain, Integrated Pain Team (IPT)), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT,) for the management of chronic pain. The primary supervising psychologists in the Pain Clinics are Drs. Sarah Palyo, Payal Mapara, Cecilia Bess, and Erin Watson.

2. Infectious Diseases and Liver Clinics: These interdisciplinary clinics provide residents with the opportunity to provide behavioral medicine and integrated care psychology services to veterans living with HIV and liver diseases such as hepatitis C, including the treatment of depression, anxiety, substance use/abuse, and a range of behavioral health (e.g. insomnia, adherence issues, adjustment to diagnosis) and psychosocial (e.g. sexual health concerns, stigma, disclosure of status to partners) concerns. Clinical opportunities include provision of evidence-based individual psychotherapy, brief behavioral health follow-up, psychoeducational groups, psychotherapy groups, treatment-focused mental health evaluations, and consultation services to medical providers. There are also a number of opportunities for program development (e.g., create a new psychotherapy group, outreach events) or involvement in quality improvement projects to increase access to care related to these two clinics. The primary supervising psychologist is Dr. William Hua.

3. Sleep Clinic: The Sleep Psychology rotation provides residents experience in behavioral sleep medicine, customized to the resident's experience level and interest in sleep psychology. Sleep Clinic is a multidisciplinary, collaborative team with a high regard for the role of Mental Health in sleep. Clinical experiences may include individual and/or group Cognitive Behavioral Therapy for Insomnia, individual PAP desensitization, and assessment of sleep disorders. Residents may also participate in the monthly Sleep Apnea Multidisciplinary Clinic, which consists of a consultation hour with sleep medicine,

Dental/OMFS, and ENT, followed by clinic. The primary supervising psychologist is Dr. Liz Goldstein.

4. Transgender Health Care (12-month commitment, days and times are negotiable depending on clinic flow/need and fellow goals): This mini-rotation is part of the multidisciplinary Trans Health Clinic and includes connection with Endocrinology, Primary Care, and Social Work, and Psychiatry. There are several possible ways to be involved in the clinic, including: phone screenings for new patients, mental health intakes, individual therapy, group therapy, mental health evaluations required for starting hormones, evaluations for readiness for gender affirming surgeries that are being performed in the community, and participation in quality improvement projects. The clinic is typically held on Monday mornings from 8am-12pm, but there may be options for a ICP fellow to participate in some clinical or research activities outside of those times. Participation in this mini rotation would need to be negotiated based on clinic flow/need and the fellow's training goals. If the Trans Health Clinic is not able to meet the goals of the fellow or work with the fellow's schedule, there may be other ways Dr. Joseph can support training in transgender health care through the consultation, or through participation in the Human Sexuality Seminar/SCAN-ECHO, which also covers transgender care. The primary supervising psychologist is Dr. Kaela Joseph.

5. Behavioral Education & Support Team (BEST): This is a consult service that works with providers and patients in the hospital's inpatient medical units. This team is consulted when patients are exhibiting behaviors that are impacting their care (often related to dementia or other cognitive impairment but also sometimes psychiatric concerns). This team is typically composed of 1-2 RNs, an OT, and a part-time psychiatrist in addition to the psychologist. Primary tasks of the psychologist on the team are performing assessments and behavioral observations, coordinating with care teams and patient's caregivers, providing support and education to nursing and other staff, and creating and monitoring behavioral plans to help patients engage more effectively with their care. Additional tasks that the resident can observe and participate in include administrative work for the Disruptive Behavior Committee (DBC) and Transitions, Referrals and Coordination team (TRAC). The primary supervising psychologist is Dr. Katy Philipps.

6. Integrated Care Psychology (ICP) Outpatient Clinic: The ICP Outpatient rotation is an opportunity for residents to provide individual psychotherapy to patients referred to our consult service for screening and psychotherapy related to chronic illness/disease or health behaviors. Common referrals include chronic pain, insomnia, weight management, tobacco cessation, and adjustment to illness. Residents in this rotation will have an opportunity to complete comprehensive psychiatric or health-specific evaluations and carry out short- (6-8), medium- (8-12) to long-term (12+) psychotherapy.

Primary Supervisor:

Brittany Linton, Ph.D., Director of PCMH

4. Dr. Stephen Rao Interprofessional LGBTQ Healthcare

In reviewing the following description of the Interprofessional LGBTQ Health Care Residency, please be aware this residency closely follows the Developmental Model of Training/Supervision. The residency not only contains a number of core experiences but also

provides opportunities for additional clinical experiences. These are influenced by the resident's own areas of expertise, training interests, and general competencies.

The resident in this emphasis area will serve LGBTQ Veterans in the main Medical Center, local Community-Based Outpatient Clinics (CBOCs), and community settings. Under the supervision of staff psychologists affiliated with the Residency, the LGBTQ health care resident will provide individual psychotherapy, group psychotherapy, and consultation visits for LGBTQ Veterans. The resident will support the hub of VA's health care delivery by providing integrated and coordinated health care focused on prevention, wellness, and chronic disease management. Additionally, the resident will conduct quality improvement projects in order to improve healthcare delivery and consistently elevate the "voice of the LGBTQ Veteran" with ongoing program evaluation.

As a core component of this residency, the resident will also spend time (1) coaching, consulting, and training other VA providers to deliver clinically and culturally competent care for LGBTQ Veterans; (2) developing training modules for medical residents, interns, externs, psychology residents, and other clinical staff on personalized and proactive LGBTQ health care; and (3) collaborating with VA Leadership to overcome system obstacles, build community alliances, and sustain services and resources for building an informed VA environment and culture that empowers all Veterans and families we serve.

A number of core rotations and clinical experiences comprise this focus area:

1. Infectious Disease and Liver Clinics (8 hours/week for 12 months): These interdisciplinary clinics at the main Medical Center provide the resident with the opportunity to deliver behavioral medicine and integrated care psychology services to veterans living with HIV and liver diseases, including treatment that focuses on: stigma, adherence concerns, depression, anxiety, substance use/abuse, sexual health, insomnia, and disclosure concerns. Clinical opportunities include brief individual therapy, psychoeducational groups, treatment-focused mental health evaluations, consultation services to medical providers, and program development and evaluation in both clinics. See above description for *Integrated Care Psychology: HIV and Liver Care* for more complete description. The supervising psychologist for this rotation is Dr. William Hua.
2. Downtown Community-Based Outpatient Clinic (CBOC) (1 day/week for 12 months): The Downtown CBOC is an accredited, comprehensive homeless center which offers Veterans a number of services, including access to therapy, housing, and employment. The resident will be able to provide services to a largely homeless, low-SES, ethnically diverse population of Veterans. The resident facilitates a support group for gay, bisexual, and/or questioning men at this CBOC. The Downtown CBOC is located in the SoMa (South of Market St.) area of San Francisco and is easily accessible by public transportation. The supervising psychologist for this rotation is Dr. Michael Burnias.
3. Rotation in Transgender Health Care (2 days/month for 12 months): Through connection with Endocrinology, Primary Care, and Social Work, the resident is expected to staff a bi-monthly 4-hour trans clinic where they will complete evaluations for readiness for cross-sex hormone treatment being initiated at the SFVA. The resident may also be asked to

complete evaluations for readiness for gender affirming surgeries that are being performed in the community, as well as complete telephone screenings with Veterans referred to this clinic. The resident also facilitates a support group for trans-identified Veterans at the main Medical Center. The supervising psychologist for these experiences is Dr. Giselle Levin.

NOTE: VA leadership recently announced that the gender affirming surgeries will eventually become a covered benefit for Veterans. However, it is anticipated that it may take up to two years to develop related policies, and therefore, the timeline for provision of gender-affirming surgeries at the San Francisco VA is currently not known. *When policies are developed and surgeries are provided at SFVA*, the resident can expect to complete readiness evaluations for surgical interventions, some of which may be performed at the SFVA Medical Center.

4. Research and/or Program Development (6-8 hours/week for 12 months): For the 2022-2023 training year, the resident will be the tenth LGBTQ health care resident since the initiation of this specialty residency at the SFVA in 2013-2014. An important part of the legacy of this residency includes improving healthcare for LGBTQ Veterans through research, program development, and/or quality improvement work. As a result, it is expected that the resident in this area of emphasis will complete at least one special project by the year's end, with the goal being to align that project with population needs and resident interests/learning goals. At the start of the academic year, the resident will work with Dr. Kaela Joseph to identify learning goals, as well as a project(s) they would like to work on throughout the year. At this time, the resident and Dr. Joseph will work together to draft a training plan, which may include additional learning in research methodology, program development/needs assessment, and/or evidence-based quality improvement strategies. For residents interested in developing conference presentations or publications, this plan may include ways to turn projects into presentable and/or publishable works. Below are some examples of the types of projects that residents could work on during the academic year, based on projects which have been completed by past trainees.

- Develop clinical programs (new specialty clinics/services, new groups)
- Develop and disseminate training
- Develop healthcare policy (ex. standard operating procedures and medical center memorandums)
- Develop tools for systems navigation (ex. patient centered infographics, SharePoint sites, shared drive folders and manuals)
- Develop tools for patient or provider education
- Improve a clinical process through evidence-based quality improvement (ex. reduce wait times for gender affirming hormones)
- Improve outreach (ex. identify new community partners, identify new outreach events to host internally or attend in the community)
- Partner on existing qualitative and quantitative research studies
- Develop new qualitative and quantitative research studies

5. Additional Clinics/Supervision (variable): Each resident is encouraged to consider their personal training interests and competencies when electing to pursue clinical experiences

in differing clinics throughout the SFVA. Individual competencies will be evaluated when determining supervisory opportunities within specific clinics.

6. Conference Calls with National LGBTQ Health Care Residency (1x/month): The resident will have monthly phone calls with the LGBTQ residents across all the VA sites (currently 9). These calls are often led by the National LGBTQ Health Care Residency Didactic Coordinator. Didactic trainings are identified by the existing residents.
7. Didactics/Trainings: During the first half of the residency year (~6 months), the resident is expected to attend a weekly seminar focused primarily on sexuality, including differing expressions of sexuality, sexual relationships, and treatment of sexual dysfunctions. During the second half of the training year (also ~ 6 months), the resident is expected to co-facilitate this weekly seminar. This seminar currently coincides with a national SCAN-ECHO that is in its pilot phase of development. As the SCAN-ECHO program grows and develops, there may be minor changes to the structure and frequency of the seminar. While co-facilitating in the second part of the year, the SCAN-ECHO can be an excellent opportunity for the resident to gain experience with telecommunication technology, as well as presenting on a national platform.

Primary Supervisor:

Michael Burnias, PsyD, Staff Psychologist, Downtown CBOC

Additional Core Faculty:

William Hua, PhD, Staff Psychologist, Infectious Disease and Liver Clinics

Kaela Joseph, PhD, Staff Psychologist, Women Veterans Program Manager, Trans Health Clinic

Giselle Levin, PsyD, Staff Psychologist, Trans Health Clinic

5. Posttraumatic Stress Disorder Treatment (PTSD)

The psychology resident assigned to this focus area spends approx. 38 hrs/wk on the PTSD Clinical Team (PCT) and approx. 2 hrs/wk participating in Psychology Program activities. The PTSD psychology resident's roles and responsibilities are varied and described in detail below.

The PTSD Treatment psychology resident has the opportunity to work with Veterans from all eras who have PTSD related to combat, combat support/training, military sexual trauma (MST), or non-military trauma. A significant focus of the PTSD psychology resident's clinical responsibilities involves working with Veterans who have histories of complex or developmental trauma. Because many of these Veterans are struggling with substance use disorder problems and other high-risk behaviors along with ambivalence about entering formal treatment, a special focus is on assessing issues of risk and using motivational interviewing and harm reduction to support the Veteran in identifying and working toward self-identified goals for treatment.

Congruent with SFVA-PCT clinic standard of practice, the psychology resident will use an integrated phase-based approach to trauma recovery as tailored to Veteran history, preferences, and need. We

treat Veterans whose primary mental health diagnosis is PTSD, and many of our Veterans suffer from co-morbid disorders, depression and substance use being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

PCT (95% time): The Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VA Health Care System is one of the largest in the nation with regard to clinical activity. We serve a predominantly cisgender male population ranging in age from 18 to 90+ years, although the number of cisgender women and transgender people accessing services is increasing. Our population is quite diverse, with multiple ethnicities (e.g., significant numbers of Filipino American Veterans), ages, sexual orientations, and levels of SES represented. We provide care to Veterans who experience marginalization or oppression due to race, ethnicity, sexual orientation, SES and assess for the impact of identity-based traumatic stress. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era Veterans and Veterans of the recent wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War Veterans and Veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, and case management. Specialized training is available in motivational interviewing (MI), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time limited skills-based classes, and ongoing long-term process groups. A burgeoning focus of our clinic, the PTSD treatment psychology resident will likely have opportunity to build specialized skills in identity-based trauma assessment and treatment.

The psychology resident receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the psychology resident in PTSD & SUD) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. Depending on the psychology resident's interests and availability, they may also attend and participate monthly interdisciplinary case conference meetings on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND Veterans and periodic SFVAHCS/UCSF Psychiatry Grand Rounds.

PTSD 360 Clinic: This is a multidisciplinary clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the psychology resident taking the lead on overseeing brief behavioral interventions in one clinic, and the psychology resident in PTSD and SUD taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically teaching in pre- and post-clinic conferences; (2) supervising brief structured interventions

(typically 1-2 sessions) to externs, interns, and psychiatry/nurse practitioner residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; (3) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 12 sessions), again with the support and guidance of psychology staff; and (4) serving as an attending supervisor to psychiatry/NP residents who are conducting weekly medication management visits. The psychology resident also provides an additional hour of supervision to at least one junior psychology trainee outside of 360 Clinic and is provided with dedicated time for “supervision of supervision” in individual and group supervision settings. [up to 5 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

Curriculum Planning Team Meeting: The psychology resident will participate in a weekly curriculum planning meeting with a PCT staff psychologist, nurse practitioner, and staff psychiatrists. The team oversees the PCT didactic curriculum, which includes the weekly PCT seminar and all issues pertaining to 360 Clinic teaching and supervision. The psychology resident will be involved in transmitting trainee feedback from seminars to the broader team. The psychology resident will gain experience in curriculum development for an interdisciplinary audience, clinic-wide intervention planning, and management of trainee-related issues. Examples of administrative tasks include: communicating weekly agendas with the PCT team & trainees, facilitating guest speakers reminders & introductions in PCT Didactic, etc. [1 hr/wkly meeting, up to 3 hrs/wkly for curriculum-related tasks]

OEF/OIF Integrated Care Clinic (ICC): The psychology resident is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND Veterans in the Integrated Care Clinic, which is housed within medical practice. In this clinic, the Veteran receives same day, sequential visits with a primary care provider, a mental health provider, and a social worker, if indicated, to provide a “one stop shop” model for early diagnosis and initiation of care. The psychology resident is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. A key part of this experience entails coordinating with other disciplines to facilitate best next steps for the Veteran’s care, with special attention paid to ways of limiting barriers to care access. The psychology resident also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

Psychology (5% time): The PTSD psychology resident attends weekly seminars led by SFVAHCS/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

Core Faculty: Sabra Inslicht, PhD, Shira Maguen, PhD, Jessica Mantia, PhD, Martha Schmitz, PhD, ABPP, and Courtney Valdez, PhD

6. Posttraumatic Stress Disorder and Substance Use Disorders Treatment (PTSD/SUD)

The resident assigned to this focus area will divide their time between the PTSD Clinical Team (PCT, approx. 24 hrs/wk) and the Substance Use/PTSD Team (SUPT, approx. 14 hrs/wk), as well as participate in

Psychology training program activities (approx. 2 hrs/wk). The resident's roles and responsibilities are varied and described in detail below.

It should be noted that a significant percentage of the veterans enrolled in PCT services are also either maintaining recovery from substance use disorders or looking at their substance use/misuse for the first time. Therefore, the PTSD/SUD resident has opportunities in both clinics to conduct interventions based in Motivational Interviewing and harm reduction.

PCT (60% time): The Posttraumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Health Care System is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active-duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly cisgender male population ranging in age from 18 to 90+ years, although the number of cisgender women and transgender individuals accessing services is increasing. Our population is quite diverse, with multiple ethnicities, ages, sexual orientations, and levels of SES represented. We provide care to Veterans who experience marginalization or oppression due to race, ethnicity, sexual orientation, SES and assess for the impact of identity-based traumatic stress. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time limited skills-based classes, and ongoing long-term process groups.

The resident receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the resident in PTSD & RV) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and

PCT Supervisors' Meetings. Depending on the resident's interests and availability, they may also attend and participate monthly interdisciplinary case conference meetings on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and periodic SFVAHCS/UCSF Psychiatry Grand Rounds.

PTSD 360 Clinic: This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the resident in PTSD/SUD taking the lead on overseeing brief behavioral interventions in one clinic, and the resident in PTSD & RV taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching in pre- and post-clinic conferences; (2) supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; (3) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 12 sessions), again with the support and guidance of psychology staff; and (4) serving as an attending supervisor to psychiatry residents who are conducting weekly medication management visits. The resident also provides an additional hour of supervision to at least one junior psychology trainee outside of 360 Clinic and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [Up to 5 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

Curriculum Planning Team Meeting: The resident will participate in a weekly curriculum planning meeting with a PCT staff psychologist and staff psychiatrists. The team oversees the PCT didactic curriculum, which includes the weekly PCT seminar and all issues pertaining to 360 Clinic teaching and supervision. The resident will be involved in transmitting trainee feedback from seminars to the broader team. The resident will gain experience in curriculum development for an interdisciplinary audience, clinic-wide intervention planning, and management of trainee-related issues. Examples of administrative tasks include: communicating weekly agendas with the PCT team & trainees, facilitating guest speakers reminders & introductions in PCT Didactic, etc. [1 hr/wkly meeting, up to 3 hrs/wkly for curriculum-related tasks]

OEF/OIF Integrated Care Clinic (ICC): The resident is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Care Clinic, which is housed within medical practice. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, and a social worker, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The resident is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. A key part of this experience entails coordinating with other disciplines to facilitate best next steps for the veteran's care, with special attention paid to ways of limiting barriers to care access. The resident also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

SUPT (35% time) Complementing the training program in the PCT is the training experience in the Substance Use/PTSD Treatment Team (SUPT). Our SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat

support, combat training, or military sexual trauma (MST) in the course of active-duty military service. Similar to the PCT, our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The resident's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. In both group and individual clinical experiences, residents learn techniques drawn from an integrative approach to treating co-occurring PTSD and substance use disorders. The SUPT program operates under an integrated phase-based treatment model which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness) to support concurrent recovery from substance use and trauma-related disorders.

The SUPT team provides a supportive context for residents' clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The resident learns to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the resident learns about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. Fellows are also encouraged to attend the weekly interdisciplinary Substance Use Disorder seminar and are expected to present on relevant topics in the SUPT didactic and SUD seminar during the course of the year. Supervision is provided primarily by staff psychologists, but significant consultation is available from the team lead staff psychiatrist.

Psychology (5% time): The resident in PTSD & SUD attends weekly seminars led by SFVAHCS/UCSF staff, as well as other service and committee meetings, including the monthly Psychology Diversity Committee Meeting.

Core Faculty: Sabra Inslicht, PhD, Shira Maguen, PhD, Jessica Mantia, PhD, Martha Schmitz, PhD, ABPP, and Courtney Valdez, PhD

Core SUPT Faculty: Kristine Burkman, PhD and Sam Wan, PhD

7. Psychosocial Rehabilitation

The goal of the residency in Psychosocial Rehabilitation (PSR) is to train psychology residents to be leaders in promoting recovery-oriented PSR approaches and key members of interdisciplinary teams providing care to Veterans with diagnoses of serious mental illness (SMI). The recovery-oriented PSR model focuses on empowering Veterans to identify and pursue personally meaningful life goals, to build on their individual strengths, to establish fulfilling roles, and to connect with their communities. PSR services are based in the principles of mental health recovery, emphasizing person-driven, culturally informed, respectful, trauma-informed, and holistic care. The resident will learn to be an agent of hope, working closely with Veterans and colleagues to reduce stigma and discrimination related to SMI. PSR

providers practice shared-decision making and Veterans are offered various treatment options tailored to their individualized goals, including psychotherapy, skills training, medication management, supported education and employment, substance use treatment, case management, integrative health coaching, and community integration support. Providing recovery-oriented PSR services is an important goal of the VA nationally and locally, and the resident will be encouraged to promote recovery principles throughout the system.

As part of an interdisciplinary team, including Peer Support Specialists, the resident in PSR will be trained to deliver and disseminate evidence-based PSR services for Veterans with diagnoses of SMI. Specific interventions will include individual and group-based CBT for psychosis, Social Skills Training, DBT and mindfulness-based approaches. The resident will receive training in a number of clinics and programs, across a continuum of coordinated services, including the Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatric Outpatient Services (GPOS), Mental Health Intensive Case Management (MHICM), and other programs serving Veterans with SMI. Across these experiences, the resident receives advanced supervision and training in evidence-based, recovery-oriented assessment, intervention, consultation and supervision, scholarly inquiry, professional issues, ethics, and diversity, equity, and inclusion. They will also develop, implement, evaluate, and/or disseminate innovative PSR practices through a program development, research or dissemination project. The resident will have opportunities to present their project findings to local and national audiences.

There is an emphasis on professional development, and the resident is encouraged to pursue individualized interests within the field of PSR, building on their particular strengths and focusing on their specific professional goals. The number of hours per week spent in each program and activity will be determined collaboratively with the resident, taking into account individual interests, skills, goals and needs. The resident will have opportunities to be involved in the following programs/activities:

- I. PRRC: The Psychosocial Rehabilitation and Recovery Center (PRRC) serves Veterans with SMI and significant functional impairment, supporting them in building on their strengths, learning new skills and wellness strategies, and working toward their life goals. Veterans participate in a variety of individual and group-based programming in line with their individually identified recovery goals. PRRC services are aimed at promoting community integration through effective symptom management, improved communication, increased self-esteem, and positive coping. The resident may be involved at all levels of the program, providing recovery-oriented, evidence-based individual and group interventions, and recovery-oriented assessment. The resident will work in close coordination with the interdisciplinary team and is expected to attend PRRC staff meetings and contribute to interdisciplinary training. Opportunities will be available to build programming and provide coordinated specialty services (CSC) for young adult Veterans with early psychosis.
- II. GPOS: The resident will be involved in providing psychotherapy to individuals with SMI seen in General Psychiatric Outpatient Services (GPOS). The work will be done in close collaboration with the interdisciplinary team. Residents can receive specialized training in a variety of evidence-based psychotherapies, including DBT, CBT for psychosis, and Cognitive Processing Therapy for PTSD.

- III. EPIC: The mission of the newly developed Early Psychosis Intervention Coordination (EPIC) program is to proactively identify Veterans who have experienced a recent onset of psychosis, to provide early and effective treatment, and to coordinate services across clinics to ensure delivery of evidence-based, Coordinated Specialty Care (CSC). The resident will participate as part of the EPIC Clinical Team, providing care to Veterans with early psychosis, and will have opportunities to contribute to program development and improvement.
- IV. MHICM: The Mental Health Intensive Case Management (MHICM) team provides recovery-oriented services based in the Assertive Community Treatment (ACT) model, an empirically-supported approach to improve the lives of individuals with SMI. Those individuals served by the MHICM program have a recent history of either frequent or lengthy stays on the inpatient unit, diagnoses of SMI, and functional impairment. The resident may serve as a liaison between MHICM and PRRC, take part in MHICM home/community visits and recovery-oriented individual services.
- V. Behavioral Health Access Clinic (or Access Center): The Access Center serves as the initial point of contact for Veterans establishing mental health care in the SFVAHCS. Veterans are seen for initial intakes and up to six visits prior to establishing longer-term care in a specific program. The resident may take part in intake evaluations and brief individual interventions, closely collaborating with the interdisciplinary team to engage Veterans and connect them with appropriate care.
- VI. Telemental Health (TMH): Throughout these programs, the resident will have many opportunities to increase access to care by providing services to Veterans with SMI via Telemental health, utilizing VA video connection technology.
- VII. Supervision & Consultation: The resident will provide individual supervision to the psychology PSR extern and possibly psychology interns. They will also have opportunities to provide group supervision in PSR approaches, including CBTp, and consultation to providers across disciplines, including Peer Support Specialists. The resident will receive a total of at least two hours of individual supervision and two additional hours of group supervision per week.
- VIII. Didactic Training and Seminars: The resident will attend a weekly PSR/Evidence-Based Practices Seminar for psychology trainees, a twice monthly PRRC Seminar for trainees/staff, and the monthly National VA PSR Interprofessional Fellowship Seminar. There are also regular trainings provided by various VA programs, as well as periodic Mental Health Services Grand Rounds and Continuing Education presentations. The resident will be encouraged to present on PSR-related topics in various educational forums.
- IX. Program Development: The resident will participate in program evaluation, development, and improvement across settings to improve recovery-oriented PSR care for Veterans with SMI. In coordination with the Local Recovery Coordinator (LRC), the resident may contribute to VA trainings in line with the Recovery Model.
 - a. Recovery Project: The resident will conduct an independent PSR Recovery Project in order to enhance the Recovery Model orientation of health professionals and the

quality of care provided to Veterans in the SFVAHCS. The project may focus on a variety of efforts such as developing continuing education or research conferences for health professionals, curricula for health professions training programs, Veteran education materials, clinical demonstration projects, quality improvement projects, system-level assessments, or other recovery-oriented pursuits. Residents are also encouraged to take leadership roles by developing didactic projects and disseminating educational materials through a variety of efforts (e.g., planning regional invitational meetings, developing a training website) in order to educate health professionals and advance recovery-oriented PSR training and collaboration.

- X. Research: The SFVAHCS has a strong research program, with ongoing studies in the areas of cognitive remediation for schizophrenia, neuroimaging in schizophrenia, early psychosis, and interventions targeting stigma or psychosis for Veterans with SMI. While research is not the primary focus of the residency, some involvement in clinical research will be encouraged to foster the development of a scholar-practitioner model worldview. Residents are encouraged to take advantage of opportunities to present at relevant conferences.
- XI. Other Possible Experiences: Based on career goals and interests, the resident may also suggest experiences to be negotiated. For instance, rapid assessment and crisis intervention with Veterans with SMI often occurs in Psychiatric Evaluation Services (mental health emergency); the resident could gain exposure to the work in this acute care setting.

Primary Supervisor:

Elena Bassett, PhD (PSR Training Coordinator, PRRC Psychologist, EPIC Psychosocial Services Director)

Additional Faculty/Supervisors:

Miriam Beyer, LCSW (PRRC Director), Jennifer Boyd, PhD (Psychology Director), Michael Drexler, PhD (VISN Chief MH Officer), Holly Hamilton, PhD (Clinical Research Psychologist), Maisie Ketron, LCSW (Local Recovery Coordinator), Sonia Milkin, PhD (Santa Rosa CBOC Psychologist), and Elana Schlafman, LCSW (MHICM Director)

8. Substance Use, PTSD and Co-occurring Disorders Treatment (2 positions)

The Addiction Recovery Treatment Service (ARTS) within the Mental Health Service includes the several collaborating clinics described below, and addresses the diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring disorders. Residents in the Substance Use Disorders Treatment, PTSD, and Co-occurring Disorders emphasis area are integral members of the service, received as junior colleagues. Residents assume critical clinical, teaching, supervision, program development, and leadership responsibilities. Specific activities are tailored to the resident's interests, potential growth areas and available training opportunities.

ARTS patients typically present with substance use disorders and a number of psychiatric and medical comorbidities (e.g., PTSD, mood disorders, psychosis, traumatic brain injury, chronic pain, Hepatitis C). Trauma exposure is extremely common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and

self-identity and frequently present with chronic homelessness, legal consequences, poverty and interpersonal problems. The ARTS patient population is quite diverse in terms of age, race/ethnicity, sexual orientation, religious affiliation, military era, and other factors. Although ARTS patients primarily identify as men, we serve veterans of all genders, including women, transgender, and gender nonconforming veterans. We emphasize cultural humility in our work and encourage residents to participate in diversity-related trainings and events, including through participation in our very active Psychology Diversity Committee, as well as to utilize a culturally informed lens on an ongoing basis in supervision.

Clinical rotations offer a range of training opportunities in the assessment and treatment of substance use disorders, PTSD, and co-occurring conditions that span the continuum of recovery -- from initial engagement and contemplation of change through long-term recovery. There are opportunities to develop and refine intervention skills in a variety of group and individual approaches, including *Motivational Interviewing, Cognitive Behavioral Therapy, Seeking Safety, Dialectical Behavior Therapy, Mindfulness-Based Relapse Prevention, Matrix Model, Contingency Management, Anger Management, trauma-focused treatments, ACT-informed treatments, interpersonal approaches, psychodynamic therapies, and systems approaches.*

Residents also conduct care coordination and treatment planning with our veterans. As key members of interdisciplinary teams of staff and trainees, residents consult with team members and additional partners such as *the Veterans Justice Outreach* team, community housing programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies, to assist in connecting veterans with appropriate resources to help them succeed in recovery. They also serve as consultants to our colleagues throughout the medical center. Given the psychiatrically and medically complex population with which we work, residents develop a strong understanding of psychiatric approaches, including medication-assisted treatment and appropriately managing and triaging intoxication and withdrawal. Through seminars and interprofessional trainings, residents become familiar with the neurobiological underpinnings of substance use disorders, PTSD, and other co-occurring conditions.

Residents participate in clinic team meetings and at least two seminars per week. In the Substance Use/PTSD Treatment Clinic seminar, residents have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. In the Advanced Substance Use Disorders Faculty/Resident Seminar, residents interact with interdisciplinary colleagues in discussing the full range of scholarly underpinnings of substance use disorders. Residents are expected to present at least twice to this lively and collegial group. This seminar is chaired by Joan Zweben, Ph.D., an APA Division 50 Fellow and author of numerous books, articles and papers on the treatment of addiction.

Developing as a supervisor/teacher is a vital component of the resident's training year. In addition to participating in didactics on supervision provided in the broader SFVA resident training seminar, the resident engages in supervision of psychology externs and/or interns. Residents generally meet weekly with one psychology extern or intern for 30-60 minutes of individual supervision. Additional opportunities might include group supervision of anywhere between 2-3 psychology externs, including a review of cases (e.g., theory, conceptualization, and therapy techniques), assigned SUD readings, and professional development topics, may also be available. Residents utilize their own weekly individual

supervision time (“sup of sup”) to monitor their performance and training needs as a supervisor, discuss assessment and teaching assessments used with trainees, and expand their own skills as a supervisor and educator.

Depending on one’s interest(s), there may be opportunities to engage in quality improvement projects, program development, and/or participation in the Addiction Research Program. A number of research faculty would be happy to explore possible opportunities with you.

Clinical rotations

Substance Use/PTSD Treatment Clinic (SUPT): SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active-duty military service. This is a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., Seeking Safety, Anger Management; PTSD symptom management; mindfulness), but that also utilizes individual approaches.

Drug and Alcohol Treatment Clinic (DAT): DAT is a general addictions clinic staffed by a multidisciplinary team and is designed to encourage long-term continuing care. It comprises both a phase-based abstinence-based track and a harm reduction track. The DAT clinic utilizes group psychotherapy as the main treatment modality. Veterans also engage in care coordination, psychiatric care, and individual psychotherapy as indicated. Early treatment is highly structured and behaviorally oriented, whereas advanced phase groups are progressively less structured and more psychotherapy/insight oriented.

Intensive Outpatient Program (IOP): IOP provides comprehensive intensive outpatient treatment and runs M, W, F from 9am-1pm. IOP is staffed by a multidisciplinary team. Veterans meet regularly with a care coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication-assisted treatments for addiction as well as psychiatric medications, as needed.

Prescription Opioid Safety Team (POST; optional)/Addiction Consult (AddCon) (optional): POST/AddCon is a multidisciplinary consult service staffed by addiction psychiatry, addiction psychology, pain psychology, and pharmacy. The team conducts integrated assessments for patients who have complex histories including chronic pain and high-risk opioid use and/or opioid use disorders, and also serves as a consultation team for general addictions concerns. POST assessment focuses specifically on determination of the presence or risk of developing an opioid use disorder, risk of adverse events related to opioid use, and concurrent addictions/mental health issues. The team then makes medication and treatment recommendations for referring medical providers.

Transitions Program (optional): The Transitions Program is a recently developed program designed to enhance opportunities for early engagement and initiation of treatment for Veterans with substance use problems. The primary clinical activity is a twice-weekly Motivational Interviewing/Harm Reduction based group, which is co-led by interdisciplinary team members and trainees. This program is housed within ARTS, yet most of the activities occur in the Behavioral Health Access Center or in medical settings

throughout the hospital. The Transitions Program is new and continuing to evolve, so there is a continuous process of program design, development, and evaluation.

Opioid Treatment Program (OTP; optional): OTP is an outpatient treatment program for veterans with primary opioid use disorder (e.g., heroin, prescription pain medications, etc.) and offers comprehensive mental health services, psychosocial rehabilitation, and medication-assisted treatment. The majority of OTP patients also have co-occurring psychiatric disorders and polysubstance use issues (e.g., stimulants, alcohol, sedatives/hypnotics/anxiolytics, nicotine, etc.). Given the destructive nature of chronic substance abuse, particularly injection drug use, many also suffer from medical illnesses such as hepatic diseases, cancers, and severe psychosocial stressors including homelessness and poverty. In addition to medication-assisted treatment (i.e., methadone, buprenorphine, naltrexone), veterans often engage in care coordination and individual/group treatment with program staff and engage in the clinic milieu through frequent visits to the clinic (often 4-6 days per week).

Core Faculty:

Kristine Burkman, PhD
Chris Galloway, PhD
Melissa London, PhD
Kellie Rollins, PsyD
Samuel Wan, PhD
Joan Zweben, PhD

Addictions Research Faculty:

Brian Borsari, PhD
David Pennington, PhD

9. Women's Mental Health and Trauma

The Women's Mental Health program is co-located in the Women's Primary Care clinic. The clinic provides mental health services to cisgender female and transgender Veterans, active-duty personnel, and patients with ChampVA coverage. We address and support women's mental health issues through evaluations and treatment by incorporating the spectrum of women's health issues across the lifespan (e.g., family planning, mood and hormones, relationship issues, and child rearing). We strive to provide culturally competent, patient-centered, strength-based care. Our treatment focuses on trauma with gender disparity (e.g., sexual trauma, MST, IPV), lifecycle issues (e.g., pregnancy, post-partum, parenting, menopause), readjustment, LGBTQ (with specialization in gender transitioning), complex medical comorbidity, and for patients requesting preference for female-only programming. The postdoctoral Resident in Women's Mental Health and Trauma will be primarily based in the Women's Clinic, with substantial coordination with other SFVAMC clinical services

Responsibilities: Resident will participate in the Access Center, evidenced-based and integrated psychotherapy, Women's clinic intake assessments (e.g., Integrated Care Clinic), seminar facilitation, and program development.

1. The Resident will have a caseload of 8-10 patients for individual psychotherapy. There will be opportunities to learn evidence-based psychotherapies, which may include Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Seeking Safety, Acceptance and Commitment Therapy, Dialectical Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure. In addition, the Resident will participate in the Women's Clinic group therapy program by facilitating and potentially developing groups.
2. The Resident will spend time in the Access Center, conducting comprehensive diagnostic evaluations and treatment planning with patients (mixed gender) who want to establish mental health services at the San Francisco VA.
3. The Behavioral Health Program (BHP) provides the Resident an opportunity to interface with primary care patients, within the Women's Clinic. In this clinic, the Resident will be coordinating care with Primary Care Providers, conducting triages, consultation, and short-term therapy interventions (E.g., CBTI, smoking cessation, grief)
4. The Resident will also have additional opportunities to participate rotations outside the Women's Clinic, if it fits within their schedules and there is space. (E.g., DBT Comprehensive Program, Couples and Family Rotation, CPT/PE Seminar, Human Sexuality Seminar)

Didactics/Supervision: The Resident assigned to Women's Mental Health and Trauma emphasis area will coordinate, co-facilitate, and participate in weekly didactic/clinical meetings in the Women's Mental Health Program. They will have the opportunity to supervise Externs on individual treatment and to provide support in professional development. Residents will be provided primary supervision by staff psychologist and Assistant Director of the Women's Mental Health Program, Dr. Jacy A. Leonardo. While the focus of supervision will include case management, case conceptualization, and assessment and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision, and work/life balance will be covered.

Program development: As the Women's Mental Health Program is undergoing growth to better serve our patients, the Resident will have up to 4 hours/week to work on a program development related project. The Resident may be part of preparing and co-leading the annual Women's Mental Health Program retreat, which may include surveying the topic for the retreat, inviting presenters, and following up on action plans.

Core Faculty: Jacy A. Leonardo, PhD, MA; Carrie Gibson, PhD, MPH, Maisie Ketron, LCSW

Requirements for Program Completion

Residency is a full-time (40-hour week), one year (12-month, 52 week), commitment equaling approximately 2080 hours, with paid holidays and formal approved leave time.

In response to APA's increasing emphasis on setting, measuring and objectifying the benchmark criteria for acquisition of these clinical skills, our Resident Evaluations quantitatively track successful mastery of each competency area.

In order for Residents to maintain good standing in the program they must:

- For the 4- and 8-month evaluation points, obtain evaluation ratings that are the equivalent of "little supervision needed" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions

In order for Residents to successfully complete the program, they must:

- By the end of the year, obtain evaluation ratings of the equivalent to "no supervision needed" in 100% of items in each competency area.
- Not be found to have engaged in any significant ethical transgressions

Facility and Training Resources

Residents will have their own workspace with lockable cabinets, drawers, their own computer and telephone line with private extension number. They may share cubicles depending on the nature of the focus area they are assigned (e.g., resident in Primary Care will utilize workspace in Medical Practice and may need to rotate space with medical residents). You may inquire about your workspace during your interview. Residents have access to program support, the medical library at the VA, as well as other resources. Clinical space will be provided through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as office productivity software and CPRS medical record keeping. There are a broad range of psychological and neuropsychological tests available. Administrative support may be available through each treatment unit as well as through Psychological Services. The SFVAHCS Medical Library has numerous current journal subscriptions, several of which are mental health related. Medline and PsychInfo searches are provided through the VA library, as are numerous other resources. Through their academic appointment, residents also have access to the medical library of UCSF, with its 2,000+ current journals and Center for Knowledge Management services.

Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our website.

Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike.

Policy & Procedures for Problematic Resident Performance, Due Process and Grievance

Introduction

It is the purpose of the Clinical Psychology Residency Program to foster and support the growth and the development of residents during the training year. Every attempt is made to create a learning context within which the resident can feel safe enough to identify, examine, and improve upon all aspects of their professional functioning. Therefore, residents are encouraged to ask for and supervisors are encouraged to discuss feedback on a continuous basis. When this process is working, there should be no surprises during formal evaluation periods, since a resident is aware of their progress on an ongoing basis.

It is a goal of training for supervisors to work with residents to identify both strengths and problem areas or deficiencies as early in the year as possible, so as to be able to develop a plan with the resident to address the problem area(s) and to build on strengths.

Definitions of Problematic Behaviors

For the purposes of this document resident “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at quarterly intervals. These criteria are kept in mind throughout the year and discussions regarding a resident’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a resident's behavior becomes serious rather than just problematic, for the purposes of this document a "problem" refers to a resident's behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as "severe" when they include one or more of the following characteristics:

1. the resident does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the resident is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. The resident behavior does not change as a function of feedback, remediation efforts, and/or time.

Policy

- A. It is the policy that residents may fail a specific rotation, and/or entire residency year and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the resident group may be diverse and because residents come with different skills and abilities, it is not expected that all Residents will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons, but it is not limited to this list:
 1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of residency;
 2. violation of the ethical standards of psychologists;
 3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
 4. behaviors which are judged as currently unsuitable and which hamper the resident's professional performance;
 5. violation of VHA or San Francisco VA Medical Center regulations.
- B. It is also the policy that the Fellow can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

Procedures and Due Process

A. Determination of "Severe Problematic Behavior" Status

Whenever a supervisor becomes aware of a resident's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Resident. The Director of Training will then present the situation to a meeting of members of the Training Committee, in part or in full, (minus the Director of Psychology). A determination will then be made by consensus whether or not to label the Resident with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the Resident's work and performance, and one

or more meetings with the Resident to hear their point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

A Resident who is determined with “severe problematic behaviors” but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. Members of the faculty at the Resident’s graduate program shall be consulted for input into this planning process. When a plan for correction has been determined, the Resident will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Resident.

C. Procedure for Termination and Appeal

1. Due Process: The Resident will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Resident’s graduate program shall be sought. If they are unable to attend in-person, arrangement shall be made for some means of virtual communication. Additionally, other representation may be sought by the Resident.
2. Appeal: Should the Training Committee recommend termination, the Resident may invoke their right of appeal to the Director of Psychology. The Director of Psychology may appoint one or more psychologists to assist them in responding to the appeal. These psychologists would not be members of the Training Committee (nor would have supervised the Resident) and may include someone from another APA-accredited program, e.g., the Palo Alto VA. The training program shall abide by the decision of the appeal process.

Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Residents that are based on mutual respect; however, it is possible that a situation will arise that leads a Resident to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
 - a. The Resident should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for

grievance involve a psychologist, the Resident should always notify the Director of Training, even if the issue is resolved.

- b. A situation might be too difficult for a Resident to speak directly to the individual. In that instance, the Director of Training and potentially Assistant Director of Training should be involved to seek an informal resolution of the matter.
- c. If the steps taken in (a) and (b) above fail to resolve the matter adequately, the Resident can file a formal written grievance with Director and Assistant Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director and Assistant Director of Training have the responsibility to investigate the grievance. The Director and Assistant Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director and Assistant Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
- d. If the grievance is against the Director or Assistant Director of Training, the Director of Psychology will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.
- e. If the Resident is not satisfied with the Director and Assistant Director of Training's decision, the matter can be appealed to the Director of Psychology who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Application & Selection Procedures

In addition to our thirteen (13) general clinical positions, we will also be offering one (1) two-year postdoctoral psychology residency in Clinical Neuropsychology. The application procedure for this residency program is separate from the general program and program and application information can be found at: <https://www.va.gov/san-francisco-health-care/work-with-us/internships-and-fellowships/psychology-training-programs/>

Application and Timetable: The SFVAHCS is **exclusively utilizing the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all positions.

- Applications are **due by Monday, January 2, 2023 11:59pm Eastern Time (8:59pm Pacific Time)**.
- All **interviews** will only be **VIRTUAL** and conducted over the course of three weeks as follows:
 - **Weeks of January 23, 2023, January 30, 2023, February 6, 2023 and February 13, 2023 (specific dates TBD)**
 - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**
 - **We have planned for all interviews to be conducted via technology (i.e., telephone or video calls). In-person interviews will not be available.**
- You **may apply to more than one focus area. We ask you to be intentional about the focus area(s) that you consider, but we do not place a limit on how many areas that you include**
- You need to submit and pay for **ONLY ONE application, even when applying to multiple areas**
- Please submit electronic applications to **APPA CAS** at:
<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** can be found at the end of this **brochure**.

Eligibility:

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** and **MUST** have completed an **APA-accredited internship**. All requirements for the doctoral degree must be completed prior to the start of the residency year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the residency. For the Clinical Neuropsychology Residency candidates must be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology. They must also have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training.

Specific details related to eligibility as found on <https://www.psychologytraining.va.gov/eligibility.asp>:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and residents must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male

applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

3. Interns and Residents are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. Although California law allows cannabis use for medical and recreational purposes, it is not allowable within federal settings like the San Francisco VA Health Care System. A drug screen positive for cannabis – even if unintentionally triggered by **legal** substances with undisclosed THC content, e.g., CBD – or illicit substances may result in dismissal. See the link above for more details on our drug testing policy.
5. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

Nondiscrimination Statement

The SFVAHCS Psychology Postdoctoral Residency Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAHCS programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

Selection Process

Completed applications are reviewed by the supervisors of each focus areas and sometimes the current postdoctoral residents assigned to that area of focus. These members, in consultation with the Director of Training Psychology Postdoctoral Residency, form the Residency Selection Committee for each area of focus.

Application ratings are based on the applicant's interest, experience and quality of previous clinical training in the area of focus, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for residents whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by a member of the Selection / Training Committee of the focus area. It is anticipated that all applicants will be notified whether they will be invited or not either by telephone or by email no later than **January 31, 2022**.

Interviews

- **All interviews will be conducted via technology, i.e., telephone or video calls.**
- All interviews will only be conducted over the course of three weeks as follows:
 - **Weeks of January 23, 2023, January 30, 2023, February 6, 2023 and February 13, 2023 (specific dates TBD)**

- **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**

Interviews consist of a series of meetings with members of the Residency Selection Committee (supervisors and current residents in that focus area). Once you are invited, you can coordinate your interview date with our program administrator, or a member of the Selection Training Committee.

Notification

The Residency Program abides by APPIC's policies and procedures about notification. As such, the focus areas for the Postdoctoral Residency Program will be utilizing the Common Hold Date (CHD) policy. Offers will be made when the focus area has completed interviewing and is ready to make offers, and applicants will have until **Monday, February 27, 2023 at 7:00am Pacific Time (10:00am Eastern) to accept or hold the offer**. Full details are described in APPIC policy. Focus area positions will remain open until filled.

Training Term

The residency is a full-time (40 hours per week), one year, (12-month, 52 week) commitment beginning on approximately **August 28, 2023 (exact start date to be confirmed)**. One year at full-time equals approximately 2080 hours. Residents are entitled to all federal holidays and earn sick leave and vacation (annual leave) at a rate of 4 hours of each per two-week pay period (an annual total of 13 days of each). San Francisco VA also offers generous administrative leave for conferences and other approved educational activities.

Stipend and Benefits

The current stipend is **\$56,519** per year. State and federal income tax and FICA are withheld from Residents' checks. Residents are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers residents for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for residents on a matching basis, (i.e., residents pay half of the premium and the VA pays the other half.) On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex. San Francisco VA Health Care System also offers a public transportation reimbursement program. Residents are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities.

Application Procedure

Applications are **due by Monday, January 2, 2023 11:59pm Eastern Time (8:59pm Pacific Time)** exclusively to the **APPA CAS** (APPIC Psychology Postdoctoral Application) System.

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.

Please DO NOT MAIL any materials in hard copy form. The application includes:

1. **Cover Letter**
2. Current **Curriculum Vitae**
3. Official graduate school **transcripts**

4. **Three (3) letters of Recommendation (optional letters beyond the required 3 are acceptable at your discretion).**

Please note the requirement below for one (1) of the letters:

a) One of your letters should include a letter of support from your graduate program's Director of Clinical Training indicating what your planned internship and dissertation completion dates are, that your internship and dissertation progress are as expected and that you are reasonably able to finish by the planned completion dates.

IMPORTANT NOTE: You cannot begin our program unless you have completed all requirements met by program's start date, expected to be approximately August 28, 2023 (exact start date to be confirmed). This is a fixed policy and program requirement. In rare instances we may be able to accommodate a very short delay in your start date due to unforeseen circumstances and with approval.

b) Optional: You may include a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship is already completed, you can mail a copy of your predoctoral internship certificate.

c) Optional: You may include a letter of support from your Dissertation Chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral residency begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the residency year.

***You may submit the two optional letters above in lieu of the single letter from your Director of Clinical Training from your graduate program as well.**

5. **One (1) work sample.** Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

Contact Information

Questions regarding your application or other administrative matters should be directed to the Director of Training, Dr. Samuel Wan at Samuel.Wan@va.gov.

The San Francisco VA's Clinical Psychology Residency Program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is 2021 (delayed until 2022). The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2029. The San Francisco VA's Psychology Residency Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical

Neuropsychology (APPCN). Our Psychology Residency is affiliated with the University of California, San Francisco.

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
202-336-5979
www.apa.org/ed/accreditation/

Other Information

In accord with the Federal Drug-Free Workplace Program, residents may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

San Francisco VA Health Care System Psychology Training Staff

Maithri Ameresekere, MD is a Staff Psychiatrist in the Women's Mental Health Program and the Post Traumatic Stress Disorder Program, member of the SFVA Dialectical Behavioral Therapy consultation team and Assistant Clinical Professor at UCSF. She completed her residency at the Massachusetts General Hospital/McLean Hospital adult psychiatry residency program affiliated with Harvard Medical School. Prior to medical school, she completed her undergraduate degree at Stanford University and her M.Sc. from the Harvard School of Public Health. She subsequently attended Tufts University School of Medicine and graduated with research honors relating to academic work on Somali Refugee Women's Birth Experiences. Dr. Ameresekere has teaching and clinical experiences in post-conflict settings of South Sudan and Liberia fueling her interest in capacity building in resource poor environments and mental health training for non-psychiatrists. Her interests include post-conflict mental health, post-traumatic stress disorder, women's mental health, primary care-mental health integration, and improving access to care amongst immigrant and ethnic minority populations. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees.

Elena D. Bassett, PhD is a Clinical Psychologist in the San Francisco VA Healthcare System's Psychosocial Rehabilitation and Recovery Center (PRRC) and an Assistant Clinical Professor at UCSF, specializing in recovery-oriented services for Veterans with serious mental illness (SMI). She is the primary supervisor and coordinator of the Psychosocial Rehabilitation (PSR) psychology training program. Dr. Bassett earned her doctorate in Clinical Psychology from Northwestern University and completed her pre-doctoral internship at the VA San Diego/University of California, San Diego. She completed a postdoctoral fellowship at the Palo Alto VA, where she focused on psychosocial rehabilitation and recovery-oriented services for Veterans with SMI and PTSD. Dr. Bassett has expertise in evidence-based treatments for SMI, particularly cognitive behavioral therapy for psychosis (CBTp), and provides CBTp to numerous populations, including recently returned Veterans with early psychosis and those with histories of trauma/PTSD. She also provides clinical supervision, training, and consultation in evidence-based, recovery-oriented services for individuals with SMI, and provides trainings/presentations for trainees and staff in the VA and the community. She has presented research and workshops in the fields of trauma, SMI, and recovery at local and national conferences. Her clinical and research interests include the role of trauma/adversity in SMI, early intervention in psychosis, and evidence-based services that promote recovery and community integration for Veterans with SMI.

Steven L. Batki, MD is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Residency Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI.

Cecilia Bess, PhD is a staff Psychologist at the San Francisco VA Health Care System (SFVAHCS) where

she provides behavioral medicine and integrated care services for Veterans. Dr. Bess earned her doctorate in Counseling Psychology from Texas Tech University. She completed her clinical internship at the VA Palo Alto Healthcare System with an emphasis in Behavioral Medicine, and postdoctoral fellowship at the SFVAHCS with a focus in HIV/AIDS and Liver Disease. Dr. Bess' clinical and research interests include: assessment and treatment of chronic pain, sleep difficulties, chronic illness, sexual dysfunction, treatment adherence, and, psychosocial evaluations for pre-surgical organ transplant candidates, as well as mentorship, particularly of first generation college students/trainees.

Brian Borsari, PhD, received his PhD in clinical psychology from Syracuse University in 2003. He also completed an internship at The Boston Consortium in Clinical Psychology in 2003. From 2003 to 2015 he was at the Center for Alcohol and Addiction Studies at Brown University and from 2007-2015 he was at the Providence Veterans Affairs Medical Center as a clinical psychologist. In 2015 he joined the San Francisco VAMC and UCSF and is currently the coordinator of the internship RP_SP Program and the Advanced Research Psychology Postdoctoral Fellowship Program. Over the past 25 years, Dr. Borsari has worked to develop a research program in implementing and evaluating brief motivational interventions for alcohol use in college students and other populations. Dr. Borsari is involved in funded research programs examining the in-session components of motivational interviewing that may be linked to subsequent behavior change (e.g., the working alliance), interventions addressing opioid use and pain, development of a chat-bot for smoking cessation, examining non-verbal indices of therapy processes linked to subsequent behavior change, and enhancing treatment engagement for co-morbid disorders in veterans and civilians.

Jennifer E. Boyd, PhD, is the Associate Chief of Mental Health for Psychology (Psychology Director). She is also a Professor of Clinical Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her most recent research focuses on the internalized stigma of severe mental illness. In her clinical, teaching, and advocacy work, Dr. Boyd supports the recovery model of psychosocial rehabilitation. She has received awards from the APA including the Division 18 award for Outstanding Contributions in Psychosocial Rehabilitation, the Michael S. Neale award for service to people with serious mental illness, and a Presidential Citation for her work on stigma, as well as the inaugural Jennifer E. Boyd Award from the VA Mental Health Lived Experience Community of Practice.

Kristine Burkman, PhD, is an attending psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program and is an Associate Clinical Professor at University of California, San Francisco School of Medicine. Dr. Burkman received her doctorate from Northwestern University, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her internship and residency at the San Francisco VA Medical Center, where she specialized in the assessment and treatment of traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision in diagnostic assessment, as well as individual and group psychotherapy within a phase-based, integrated model of care. She leads the Cognitive Processing Therapy (CPT) seminar and group supervision within the SUPT Clinic. Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment outcomes for veterans with PTSD and complex trauma.

Michael P. Burnias, PsyD, is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) and Downtown Clinic (DTC). He is the preceptor of the Interprofessional LGBTQ Health Care Postdoctoral

Psychology Residency at the SFVA. He is the LGBTQ Special Emphasis Program Manager, focusing on creating an inclusive environment for LGBTQ VA employees. He is also the LGBTQ Veteran Care Coordinator which is the primary contact for questions regarding care for LGBTQ Veterans. Dr. Burnias obtained his PsyD in Clinical Psychology at Pepperdine University. He completed his Clinical Internship at the Institute of Living at Hartford Hospital and his Postdoctoral Residency in LGBTQ Health Care at the SFVAMC. Dr. Burnias' main clinical interests involve LGBTQ health care, identity development across the lifespan, cultural competency/humility, and psycho-diagnostic assessments.

Timothy P. Carmody, Ph.D. (ret.) is retired Health Sciences Clinical Professor of Psychiatry, UCSF, and former Director of the Health Psychology Program at the San Francisco VA Health Care System (SFVAHCS). During the past 32 years, he has served as a senior psychology scholar in the VA Quality Scholars Fellowship Program, Director of Psychology Research Fellowship Training, and Coordinator of the clinical psychology postdoctoral fellows in the primary care emphasis area. He received his doctorate in clinical psychology from the University of Montana and completed a postdoctoral fellowship in behavioral cardiology at the Oregon Health Sciences University. He has long been an advocate for interprofessional (team-based) health care and leader of staff psychologists at SFVAHCS involved in behavioral medicine, primary care, and integrated care programs. His professional and research interests include nicotine dependence, chronic pain, obesity/weight control, coronary risk behaviors, and mental health integration in primary care. He has published in a variety of areas in behavioral medicine including smoking cessation and pain management. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. He was also a member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program. He continues to serve as an editorial consultant to several professional journals and is a member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. In 2017, he received the Leadership Award from the Association of VA Psychology Leaders (AVAPL). Until his retirement, he served as chair of the VA's National Technical Advisory Group for tobacco use cessation and is past-president of APA Division 18 (Psychologists in Public Service).

Michael L. Drexler, Ph.D., CPRP, is the VA VISN 21 Chief Mental Health Officer, VA Sierra Nevada Network. Prior roles within VA have included Acting Chief Medical Officer for VISN 21, and specifically for the San Francisco VA Health Care System, he has served as Director of the Telemental Health Section of the Mental Health Service, Coordinator of the Workplace Violence Prevention Program, Psychologist for Mental Health in inpatient medicine (BEST Psychologist), Clinical Director of the Psychosocial Rehabilitation and Recovery Center (PRRC), Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Manager of Mental Health Compensation and Pension, Hospice Psychologist, Geriatric Neuropsychologist and Geropsychologist (working in both the CLC and HBPC programs). He supervises students at all levels in psychotherapy, neuropsychological assessment, and administration. Before coming to the VA, he worked for the SF Department of Public Health and was stationed at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced

the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Associate Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension, and is Lecturer, Level 6, teaching Lifespan Development, Cross-Cultural Issues, Clinical Assessment and Treatment Planning, Dying, Death, & Bereavement, and the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association.

Sandy Folker, PhD, is the SFVAHCS' Workplace Violence Prevention Coordinator. She is a clinical and forensic psychologist by trade with over 15 years of experience in the area of identifying, assessing, and mitigating risk of disruptive and aggressive behaviors. Most of her experience has been in correctional settings and forensic hospitals. She worked at Napa State Hospital for approximately seven years before moving to the private sector. She has worked internationally doing conflict resolution, threat assessment, and building workplace violence prevention teams for private, government, and corporate companies worldwide. Her work has taken her from hospitals and courtrooms to rice fields and conflict zones to organizations and boardrooms. She loves working with talented teams to help foster an ethos of safety and respect in the workplace. Her team's goals are to start streamlining processes, so that they can develop more robust methods of responding to patient and employee safety needs.

Susanna Fryer, PhD, is an Assistant Professor in the UCSF Department of Psychiatry and staff clinical research psychologist at the San Francisco VA Medical Center. She completed her undergraduate work at Stanford University where she first became excited about clinical neuroscience while participating in the departmental honors research program in Human Biology. She then earned her PhD from SDSU/UCSD's Joint Program in Clinical Psychology with a specialization in neuropsychology, after completing a clinical internship in psychology at the San Francisco VA Medical Center. Dr. Fryer's research, funded by the NIH and the VA, applies neuroimaging and neuropsychological methods to study brain and behavior relationships in adolescent and young adult populations at risk for developing mental illness, with an emphasis on motivated behaviors and self-regulation. Her research focuses on i) improving our understanding of the cognitive features and brain alterations that underlie risk for, and conversion to, psychopathology, and ii) the brain-based mechanisms of how that risk might be ameliorated through psychotherapeutic intervention. She is a licensed clinical psychologist specializing in cognitive-behavioral therapy (CBT) and mindfulness-based techniques and is particularly interested in how behavioral interventions can be applied to improve aspects of affect and attentional regulation across traditional diagnostic nosologies. She supervises psychology trainees and provides evidence-based mindfulness and cognitive behavioral therapies in the San Francisco VA General Psychiatry Outpatient Service.

Chris Galloway, PhD, is Program Director for the Addiction Recovery Treatment Services (ARTS) Intensive Outpatient Program and Transitions Program. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the

University of North Carolina at Chapel Hill, he completed a Postdoctoral residency with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Particular areas of emphasis include brief MI interventions for substance use problems in non-SUD settings, CBT for SUD, and continuity of care. Dr. Galloway's research interests include assessment, etiology, and treatment of substance use and comorbid mental health conditions.

Carolyn J. Gibson, PhD, MPH, is a Clinical Research Psychologist at SFVAMC. Dr. Gibson is a graduate of the University of Pittsburgh Clinical-Health Psychology doctoral program. She completed her clinical psychology internship at VA Puget Sound, Seattle, and postdoctoral training with the Advanced Fellowship in Women's Health at SFVAMC. In her current position, Dr. Gibson conducts research to increase understanding of the menopause-related experiences and clinical care needs of women Veterans in VA health care settings, and the relationships between mood and trauma-related disorders, chronic health conditions, and symptoms related to menopause and aging. In her research, she leverages electronic health records as well as survey and qualitative data collection, and will use the information gathered through these methods to develop innovative mobile technology tools to advance gender-sensitive care for women in the VA. In her clinical role, Dr. Gibson provides individual and group psychotherapy and primary care-mental health integration services through the Women's Mental Health Program in the SFVAMC Women's Health Center.

Lizabeth Goldstein, PhD, is a Clinical Research Psychologist at SFVAMC. Dr. Goldstein received a BA In Psychology from The College of New Jersey and a PhD in Clinical Psychology from The Ohio State University. She completed her predoctoral internship at the San Diego VA/UCSD Psychology Internship Program with rotations in the VA Mood-Sleep and Military Sexual Trauma/Interpersonal Trauma Clinics. She completed the Advanced Fellowship in Mental Illness Research and Treatment through the Sierra Pacific MIRECC at the San Francisco VA Healthcare System/UCSF, where she specialized in PTSD and sleep disorders. In her current position, Dr. Goldstein conducts research to improve the treatment of sleep disorders among Veterans with PTSD. In her clinical role, Dr. Goldstein provides sleep psychology assessments and individual psychotherapy through the SFVAHCS Sleep Clinic. Dr. Goldstein also participates in the Multidisciplinary Sleep Apnea Clinic, providing consultation and assessment of Veterans under consideration for sleep apnea surgery and other interventions, and supervises physicians completing the SFVA/UCSF Sleep Medicine Fellowship.

Brian (Tate) Guelzow, PhD, is a staff psychologist in the Suicide Prevention Program. He completed his undergraduate education at the University of Colorado at Boulder and worked for several years with at-risk children and families, and as a research assistant at New York State Psychiatric Institute. He earned his doctorate in clinical psychology from the University of California at Berkeley, where his work focused on ADHD in young adults and the stigmatization of mental illness. Dr. Guelzow completed his internship at the SFVAMC, where he also completed a postdoctoral residency in the substance use and co-occurring disorders emphasis area. He joined the Suicide Prevention Program in 2014. His clinical interests include emotion-focused and mindfulness-informed approaches to psychotherapy, suicide postvention, and suicide prevention training in the VA and the community.

Holly Hamilton, PhD, is a Clinical Research Psychologist at the SFVAHCS. Dr. Hamilton earned her PhD from the University of California, Los Angeles after completing her clinical internship at the SFVAHCS.

She also completed her postdoctoral research training at SFVAHCS supported by the MIRECC Advanced Fellowship in Schizophrenia Research. Dr. Hamilton's research focuses on the neurobiological mechanisms associated with the symptoms and course of psychotic disorders, primarily schizophrenia. She is particularly interested in identifying biological markers of vulnerability for psychosis among individuals who are at elevated risk for developing schizophrenia, with the ultimate goal of informing early intervention strategies and preventing a disabling course of illness. Her current work, funded by the VA, uses neuroimaging methods to examine deficient basic mechanisms of brain plasticity in psychosis. As a licensed psychologist, Dr. Hamilton provides cognitive-behavioral and recovery-oriented services for Veterans with psychosis and other serious mental illnesses.

Anna Harrison, PhD, is a staff psychologist with the Suicide Prevention team at the SFVAHCS. Dr. Harrison earned her Ph.D. in Clinical Psychology from Northwestern University's Feinberg School of Medicine and completed her clinical internship at the VA Palo Alto Health Care System. Following internship, Dr. Harrison completed a postdoctoral fellowship at the University of California, San Francisco funded by the National Institute of Drug Abuse. There, she studied the effectiveness of substance use disorder treatments for youth and young adults involved in the justice system. Dr. Harrison's professional interests include incorporating digital health interventions to engage hard-to-reach populations in psychological treatment, and better understanding the effects of incarceration on mental health and well-being.

Ellen Herbst, MD is Associate Chief of the Addictions Recovery Treatment Services and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Intensive Outpatient Program (IOP) for patients with substance use disorders and Staff Psychiatrist of the Student Veteran Health Program (SVHP) at City College of San Francisco. She is principal investigator of a study investigating the feasibility of Stay Quit Coach, a mobile app designed to help Veterans with posttraumatic stress disorder (PTSD) quit smoking and is co-investigator on several of Dr. Steve Batki's clinical trials investigating pharmacotherapies for alcohol use disorder in Veterans with PTSD and/or mild traumatic brain injury. Dr. Herbst has a strong commitment to teaching and regularly supervises UCSF psychiatry residents, psychology trainees, addictions psychiatry and anesthesia pain residents, and medical students.

William Q. Hua, PhD, is a Clinical Health Psychologist in the Infectious Diseases and Liver clinics, where he provides behavioral medicine and integrated care services for veterans living with HIV and liver care concerns. At the San Francisco VA Medical Center, he serves the roles of chair of the Psychology Diversity Committee, preceptor for the Integrated Care Psychology Residency in HIV and Liver Care, and staff lead for the Acceptance and Commitment Therapy Clinic and Learning Group. At the University of California San Francisco, he is an associate clinical professor and co-chair of the Department of Psychiatry and Behavioral Sciences Recruitment and Retention Task Force. He is passionate about clinical supervision, multicultural education and training, and integrated care systems. Prior to coming to the San Francisco VA in 2013, Dr. Hua received behavioral medicine training through the Palo Alto VA Health Care System psychology internship and residency programs. He completed his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas. He is also the co-founder of a nonprofit organization called Here to Hope which focuses on the promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America.

Asale Hubbard, PhD is a staff psychologist in the Integrative Health Service at the San Francisco VA Health Care System. Dr. Hubbard earned her Ph.D. in Counseling Psychology from the University of Georgia. She completed her clinical internship at the Michael E. DeBakey VA Medical Center in Houston, Texas where she focused on substance use disorders treatment, inpatient/outpatient evidence-based trauma focused treatment, and general outpatient psychology. Dr. Hubbard completed her postdoctoral residency at the San Francisco VA in the substance use and co-occurring disorders treatment emphasis area. Upon completion of residency, Dr. Hubbard served as a staff psychologist and African American specialist at the Stanford University-Vaden Health Center. She has clinical and research interests in complementary and integrative wellness interventions to reduce health disparities, assessment and interventions for racial trauma, and the treatment of substance use and co-occurring disorders.

Sabra Inslicht, PhD, is an Associate Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC), and co-director of the Psychology Research Postdoctoral Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health. She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and postdoctoral residencies at Stanford and UCSF/SFVAMC. Within the PTSD program, Dr. Inslicht specializes in evidenced based treatments for PTSD, including Prolonged Exposure (PE) for PTSD and she co-leads the PE seminar and supervises PE cases. Research interests include mechanisms of biological risk and resilience in PTSD, fear conditioning and extinction processes, neuroendocrine, immune, and neurosteroid correlates of PTSD, neuroimaging of fear circuitry using fMRI; sex differences in the biology of PTSD; pharmacological adjuncts to enhance fear extinction; stress measurement using wearable technology, and the application of these findings to the treatment of PTSD and insomnia in veterans. She is available for consultation on both research and clinical activities.

Jeremy Joseph, PhD is the training coordinator for the Santa Rosa CBOC, a Health Sciences Assistant Professor in the UCSF Department of Psychiatry and Behavioral Sciences, and a Staff Psychologist with the Mental Health Clinic at the Santa Rosa CBOC. Dr. Joseph received his doctorate in Clinical Psychology with an emphasis on PTSD, from the University of Wyoming. He completed his pre-doctoral internship at the Southwest Consortium Predoctoral Psychology Internship where he trained at both the Albuquerque VAMC and Albuquerque Indian Health Service. Following internship, he completed a two-year postdoctoral residency with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) located in the Department of Psychiatry at UT Health Science Center - San Antonio. Dr. Joseph provides individual, couples, and group therapies; triage assessment and intervention; and clinical supervision to externs and fellows. His research interests include cognitive flexibility, mindfulness-based therapies, and military-civilian reintegration.

Kaela M. Joseph, PhD, is the Assistant Director of Training for the Psychology Internship Program, Women Veterans Program Manager and a Staff Psychologist in the San Francisco VA Healthcare System (SFVAHCS). Dr. Joseph earned her PhD in Clinical Psychology, with an emphasis in LGBTQ Psychology, from Palo Alto University in 2015. She completed her Clinical Internship at the Boise VAMC and completed the Stephen M. Rao Residency in Interprofessional LGBTQ Health Care through the SFVAHCS. Dr. Joseph is experienced in providing clinical care and consultation in the areas of LGBTQ psychology, sexual health/functioning, women's health, chronic pain, and substance use disorders. Dr. Joseph is an active member of national and international professional organizations concerning various facets of human sexuality including the American Association of Sexuality Educators, Counselors, and

Therapists (AASECT) and the World Professional Association for Transgender Health (WPATH). Dr. Joseph was the recipient of the I CARE Award for Outstanding LGBTQ Veteran Service in 2015 and received a Certificate of Recognition from the American Psychological Association's HIV Office for Psychology Education (HOPE) in 2014 for her previous work as a regional trainer. Dr. Joseph has a strong interest in teaching and supervision and works as an adjunct lecturer at the California Institute of Integral Studies (CIIS). Her teaching and clinical interests include human sexuality and gender psychology, quality improvement in healthcare settings, adapting EBP's to better address diversity and minority stress, Acceptance and Commitment Therapy (ACT), feminist psychology, and the psychology and sociology of popular culture fandoms (aka communities of fans of popular media such as "Star Wars," comic book heroes, and sci-fi television shows).

Susan Karpenko, LCSW is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

Karen Kasch, PhD is the Evidence-based psychotherapy coordinator and a staff psychologist in the General Psychiatric Outpatient Services Clinic at San Francisco VA. She received her doctorate from SUNY Stony Brook, where she conducted research on chronic depression, as well as family studies of mood and anxiety. She completed her internship at Palo Alto VA and her postdoctoral research residency at Stanford University, where she continued her depression research. She later returned to Palo Alto VA where she served in several different roles, including as psychologist on the high acuity inpatient unit, in the psychosocial rehabilitation program, on the PTSD Clinical Team, and as chair of the Disruptive Behavior Committee. Dr. Kasch specializes in cognitive-behavioral interventions, with an emphasis on the behavioral, and has supervised trainees in the provision of Cognitive Behavioral therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, among other therapies. She has served as a consultant for the Motivational Interviewing and Motivational Enhancement therapy initiative in VA since its inception in 2011. She has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2014.

Maisie Ketron, LCSW is a clinical social worker and trained therapist in psychosocial rehabilitation and recovery, Dialectical Behavioral Therapy (DBT), and Interpersonal Psychotherapy (IPT) for depression. She received her graduate degree in Clinical Social Work from Smith College School for Social Work. She is the associate chief of psychosocial rehabilitation services, the director of the Psychosocial Rehabilitation and Recovery Center (PRRC) and the co-director of the DBT program. She provides recovery-oriented treatment for Veterans with serious mental illness. She supervises trainees from multiple health care provider disciplines and supervises Peer Support Specialists throughout the San Francisco VA. She provides training in psychosocial rehabilitation and DBT to psychology externs, interns, residents and social work interns.

Erica Kornblith, Ph.D., is a Staff Neuropsychologist and Clinical Research Psychologist at SFVAHCS and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at UCSF. After graduating from UC Berkeley, she earned her PhD from California School of Professional Psychology and completed an APA-accredited internship in Clinical Psychology at VA Sierra Nevada Health Care System in Reno, NV. She completed postdoctoral clinical and research training in neuropsychology, with an emphasis in TBI/Polytrauma Rehabilitation, at SFVAHCS. Her research, funded by VA Rehabilitation Research and Development, focuses on the rehabilitation of executive function in aging Veterans with TBI and using technology to increase access to cognitive rehabilitation for this population. Additional research interests include identifying factors impacting response to cognitive rehabilitation intervention; the epidemiology of dementia; and cognitive aging, particularly in Veterans with history of TBI. Clinical interests include assessment, consultation, and intervention in adolescents and adults with a range of neurological, psychiatric, and developmental disorders. Dr. Kornblith's clinical specialty is in the assessment and treatment of the cognitive and emotional sequelae of TBI and acquired brain injury, particularly among older Veterans, and in addition to assessment, she provides both individual and group-format cognitive rehabilitation interventions to patients at SFVAHCS.

Kewchang Lee, MD is Director of the Psychiatry Consultation Unit at the SF-VAMC and Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Residency Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Jacy A. Leonardo, PhD, MA is a Licensed Psychologist at the San Francisco VA Medical Center (SFVAMC), specializing in women's mental health. She is the Assistant Director of the Women's Mental Health Clinic and is an Associate Professor at UCSF. She started her psychology career after earning a bachelor's from Boston College. Since then, she worked for and with various not-for-profit community mental health programs and public hospitals. She has experience with diverse clinical populations, across the lifespan, with a particular interest and focus on complex trauma and women. After years as a clinician, Dr. Leonardo returned to school to obtain her MA in Social-Organizational Psychology from Teachers College, Columbia University. She worked as an administrator doing program development and assessment for several years before resuming clinical work. Dr. Leonardo later earned an MA and PhD in Clinical Psychology from Alliant International University. Since re-engaging in clinical work, Dr. Leonardo has been dedicated to work with Veterans. She completed her pre-doctoral internship at the Denver VA and post-doc at the SFVAMC, in Women's Mental Health and Trauma. She is a VHA Certified Provider of Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy (IPT), and is a REACH VA Program coach. Dr. Leonardo has also participated in research and program development activities, including assessing the impact of informal caregiving and exploring the effects of PTSD on interpersonal relationships. Dr. Leonardo worked at the National Center for PTSD designing an employer initiative program for Veterans and at the Peninsula Vet Center in Menlo Park, prior to returning to the SFVAHCS.

Giselle Levin is Psychologist in the Transgender Health Clinic at the San Francisco VA Health Care System (SFVAHCS). Giselle completed her doctorate in combined School and Clinical Psychology from Pace University in New York, NY. She completed her clinical internship at Pacific Clinics in Monrovia, CA

and transitioned to staff from her postdoctoral residency at the SFVAHCS with a focus in LGBT Mental Health. Giselle's clinical and research interests include LGBT mental health, multiple minority stress, identity development, psychodynamic interventions, and quality improvement/program development. Her cultural competencies include LGBT healthcare, religious and ex-religious LGBT individuals, and anti-Semitism and Holocaust intergenerational trauma. Giselle is a member of the Psychology Diversity Committee, the Gender Equity Workgroup, and the Health Equity Council.

Brittany Linton, PhD is a Clinical Health Psychologist and Clinical Director for the Primary Care-Mental Health Integration (PCMHI) Medical Practice team. She completed her PhD at the University of Texas at Austin, with a specialty HRSA supported training grant for emphasis in Integrated Health Psychology, including advanced clinical practice courses with interdisciplinary colleagues. After finishing her clinical-health emphasis internship at the Louis Stokes Cleveland VA Medical Center, she transitioned to San Francisco VA to serve as the post-doctoral fellow in the emphasis area of Infectious Disease and Liver Disease. Interest in care delivery innovation led her to work for Mindstrong, a healthcare technology startup company focused on delivery of mental health services for those living with serious mental illness symptoms through app-based technology. In the role as the Clinical Learning & Development Operations Manager, she helped design and implement clinical services, healthcare operations, technology product design and led clinical training development, before returning back to SFVHACS. In addition to her work with PCMHI, Dr. Linton is part of the UCSF-affiliated primary care Education for Patient Aligned Care Teams (EdPACT) interprofessional program, educating medical learners, and is the VA Quality Scholars (VAQS) Psychology Lead/ Senior Scholar for SFVA. Dr. Linton continues to engage in quality improvement projects, training, teaching, public speaking, and industry consultation in the mental health technology space to discuss whole person focused integration of physiological and psychological health needs, interdisciplinary care team operations and communications, health disparities, access concerns for historically and present-day marginalized communities, and developing physical and mental health resiliency strategies.

Melissa London, PhD, is a staff psychologist in the Addiction Recovery Treatment Services (ARTS) Drug and Alcohol Treatment Clinic (DAT). Dr. London earned her PhD in Clinical Psychology from Northern Illinois University. She completed her clinical internship at the Palo Alto VA Health Care System where she focused on inpatient and outpatient treatment for trauma-related disorders, substance use disorders treatment, and integrated health. She also completed a research rotation at the National Center for PTSD focused on implementation science. Dr. London completed her postdoctoral fellowship at the San Francisco VA Medical Center in the Substance Use and Co-occurring Disorders treatment emphasis area. Prior to the SFVA, Dr. London worked as a staff psychologist in the ARTS program at the Northern California Health Care System where she served on the Psychology Training Committee and co-founded the Behavioral Health Diversity Committee. She continues to provide training and clinical supervision as well as engage in program development at the SFVA. Dr. London's clinical and research interests include the assessment and treatment of substance use and co-occurring disorders, trauma-related sequelae, and identity-based stress, as well as the efforts to reduce disparities in the implementation of evidence-based practices.

Shira Maguen, PhD is Mental Health Director of the Post-9/11 Integrated Care Clinic, Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VAMC and Professor in the Dept. of Psychiatry, UCSF School of Medicine. She is also the San Francisco site co-lead for the VA Women's Practice Based Research Network (PBRN) and director of the PTSD MIRECC Postdoctoral

Research Residency. She was appointed to and served on the COVER Commission to improve Veteran mental healthcare. Dr. Maguen is involved with both the research and clinical components of the PTSD program. Her clinical work and teaching focus on evidence-based treatments for posttraumatic stress disorder, with a particular focus on post-9/11 veterans. She also works in a clinical capacity within the Post-9/11 Integrated Care Clinic. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a particular focus on female veterans. Dr. Maguen was the recipient of a VA Health Services Research and Development Grant that examined the impact of killing in veterans of war and moral injury and is currently conducting a multi-site trial examining a novel treatment for veterans who have killed in war. She has three additional grants to develop an eating disorder screen and self-diagnostic tool for the Veteran population, to examine rates of eating disorders in the military population, and to test a treatment for PTSD and moral injury. She recently completed two additional grants that examine the effectiveness of evidence-based treatments in Iraq and Afghanistan veterans via natural language processing and the effectiveness of a behaviorally-based treatment for insomnia (BBTI) in primary care. Dr. Maguen is the author of over 125 peer-reviewed publications, most of which focus on veteran mental health.

Jennifer K. Manuel, PhD, is the Deputy Psychology Director and a Health Behavior Coordinator in the Health Promotion and Disease Prevention (HPDP) program for the SFVAHCS. She is also a Health Sciences Assistant Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She earned her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Medical Center. Dr. Manuel completed a postdoctoral residency in drug abuse treatment services research at UCSF where her work focused on training healthcare providers in motivational interviewing and examining the efficacy of brief motivational interventions in healthcare settings. Following her postdoctoral residency at UCSF, she was the Program Evaluator for the VA Central Office Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Training Programs. Dr. Manuel's research focuses on implementing and evaluating evidence-based treatments, such as MI and the Community Reinforcement and Family Training (CRAFT) approach, in frontline clinical settings.

Payal Mapara, PsyD, is a Staff Psychologist with the Pain Clinic, Integrated Pain Team (IPT), and the Prescription Opioid Safety Team (POST) at the SFVAMC. Dr. Mapara provides individual and group chronic pain treatment to veterans at the SFVAMC and rural clinics via tele-mental health, as well as consultation to medical providers regarding the treatment and assessment of chronic pain. She received her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University and completed her clinical internship at the Manhattan Campus of the VA New York Harbor Healthcare System. She completed a post-doctoral residency in Primary Care at the San Francisco VAMC, where she focused on Pain Management. Dr. Mapara's clinical interests include the integration of pain management into primary care as well as the assessment and treatment of co-occurring chronic pain and substance use disorders.

Sonia Milkin, PhD, is a staff psychologist with the SFVAHCS, stationed at the Santa Rosa Community Based Outpatient Clinic. Dr. Milkin earned her degree in clinical psychology from the California School of Professional Psychology at Alliant International University, San Francisco in 2017. She completed her postdoctoral fellowship with the VA San Diego Healthcare System (VASDHS) Psychosocial Rehabilitation Fellowship Program, where she specialized in working with Veterans diagnosed with psychotic disorders. Dr. Milkin is a clinical supervisor for Santa Rosa's General Outpatient Mental

Health Program, as well as for the Psychosocial Rehabilitation and Recovery Clinic (PRRC). She provides evidenced based treatments through individual and group modalities. Her areas of competence include psychosis and serious mental illness, as well as program development and evaluation. Dr. Milkin's research interests focus on the psychology of men and masculinity, and the impact of traditional masculine norms on men's wellbeing. She also collaborates with colleagues to create talks dedicated to disseminating best practices for working with persons diagnosed with schizophrenia and other serious mental illnesses.

Brian Mohlenhoff, MD, is the Director of Pharmacotherapy for the posttraumatic stress disorder program at the San Francisco VA Medical Center. He studied the history and sociology of medicine at the City University of New York, earned his M.D. at UCSF in 2009 and then stayed at UCSF for his residency in general adult psychiatry. He completed a VA Advanced Fellowship in Mental Illness Research and Treatment, researching PTSD, sleep and cognition with Dr. Thomas Neylan and the Stress and Health Research Program and working in the neuroimaging lab of Dr. Michael Weiner. His clinical and research interests include PTSD, the use of dogs in the treatment of PTSD and the contribution of sleep problems to the symptoms and sequelae of PTSD.

Elizabeth Nazarian, PsyD, is a Staff Psychologist at the Santa Rosa Community-Based Outpatient Clinic. Dr. Nazarian earned her degree in clinical psychology from the California School of Professional Psychology at Alliant International University in 2015. She completed her pre-doctoral internship at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, where she focused on general outpatient psychology, evidence-based trauma-focused interventions, and Primary Care Behavioral Health. She completed her postdoctoral residency at the San Francisco VA Medical Center in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Nazarian's primary clinical interests include the integrated treatment of substance use disorders and co-occurring conditions (particularly the co-occurrence of substance use and posttraumatic stress), fostering resilience in at-risk and traditionally underserved populations, enhancing access to appropriate clinical care, and promoting early treatment engagement.

Thomas Neylan, MD is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

Jerika Norona, PhD, is a staff clinician in the Couple and Family Therapy Program and the Student Veteran Health Program. Dr. Norona earned her PhD in clinical psychology from the University of

Tennessee and completed her predoctoral internship and postdoctoral fellowship at the San Francisco VA Health Care System. Dr. Norona provides couple and family therapy to veterans and their family members, as well as individual psychotherapy to those whose family members struggle with substance use disorders. She also supervises psychology and psychiatry trainees. Her research and clinical work focus on romantic relationships throughout the lifespan and how to foster relational and individual health. Additionally, she has a passion for supporting individuals from underrepresented communities on their paths toward higher education.

Tatjana Novakovic-Agopian, PhD is a Rehabilitation Neuropsychologist at San Francisco VA Medical Center Rehabilitation Medicine TBI Program, and Associate Clinical Professor of Psychiatry at UCSF School of Medicine. She directs the Neuropsychological Rehabilitation clinical research program at SFVAMC and is a training director for the TBI/Polytrauma Neuropsychology Research residency. Dr. Novakovic-Agopian is actively involved in training of neuropsychology residents and other trainees interested in assessment and treatment of brain injury. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Co Principle-Investigator on VA Merit sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with history of mild TBI and polytrauma. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

Nancy Odell, LCSW is an Associate Clinical Professor at the UCSF School of Medicine, Department of Psychiatry. She is a founding member of the Substance Use/Posttraumatic Stress Team; she also works part-time in the Telemental Health Section. She is a certified group psychotherapist (CGP), has over twenty-five years of experience in treating PTSD and provides group psychotherapy supervision to psychiatry residents receiving training in the treatment of co-occurring PTSD and substance use disorders. She coordinates the SUPT Interprofessional Training Seminar and provides supervision to trainees when requested. Ms. Odell received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She participated in an inter-cultural exchange focusing on PTSD in the Republic of Vietnam. Ms. Odell participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She's participated in MIRECC and DOD funded treatment outcome studies investigating the effectiveness of exposure-based treatments for Vietnam and Iraq/Afghanistan veterans. Ms. Odell has training in Prolonged Exposure (PE), Mindfulness Based treatment and Interpersonal Psychotherapy for Depression (IPT). She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic.

Sarah Palyo, Ph.D., CPE, is a psychologist and the Clinical Director of the Intensive Pain Rehabilitation Program and the Clinical Director of the Integrated Pain Team for the San Francisco VA Healthcare System. She is an Assistant Clinical Professor at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the State University of New York at Buffalo and completed her

clinical internship at the Palo Alto VA Healthcare System. She completed a post-doctoral residency in Stanford University's Behavioral Medicine Clinic. She received her Certified Pain Educator (CPE) credential from the American Society of Pain Educators in 2013. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Dr. Palyo also led the development of the San Francisco VA's Intensive Pain Rehabilitation Program, which is the CARF-accredited, tertiary pain program for VISN21. She also received funding from the Office of Rural Health to help develop the Integrated Pain Team for the San Francisco VA's rural CBOCs. She is a Director of the San Francisco VA's SCAN-ECHO program, which provides education and consultation to providers on a variety of health conditions all across VISN21. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

David L. Pennington, PhD, is a Clinical Research Psychologist and Assistant Director of the Addiction Research Program at SFVAHCS, and Assistant Professor in the Department of Psychiatry at UCSF. He received his Ph.D. in Clinical Psychology from Palo Alto University in 2009, completed a postdoctoral clinical residency at SFVAHCS in 2010 and a research residency in Biomedical Imaging in the Department of Radiology at UCSF in 2013. Dr. Pennington is a Clinician Investigator with a background spanning translational and clinical research. Dr. Pennington's research program seeks to identify underlying neurobiological and cognitive substrates of impaired self-control and to develop new and more efficacious behavioral and pharmacologic treatments for alcohol and substance use disorders and common comorbid disorders (PTSD and Traumatic Brain Injury). As a Hispanic/Latino and Native American minority from an economically and educationally disadvantaged community, his research also focuses on developing interventions which enhance the psychological resiliency needed to succeed despite the socioeconomic barriers faced by under-represented communities. In his clinical role, he provides supervision of psychology trainees conducting neuropsychological evaluations of veterans in the Addiction and Recovery Treatment Service and is assisting in the implementation of the VA's Measurement Based Care Initiative. Dr. Pennington also mentors trainees in the Addiction Research Program, UCSF's Postdoctoral Program in Drug Abuse Treatment/Services, UCSF's First Generation Support Services Program, and at the Center for Imaging of Neurodegenerative Diseases.

Kellie Rollins, PsyD is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing doctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral residency at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in Opioid Treatment Program (OTP), she provides individual psychotherapy and group psychotherapy for Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. Previously, as Director of Psychology Training at SFVAMC, Dr. Rollins led the APA accredited clinical psychology doctoral internship and the practicum training programs. She is also Co-chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment

of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice in San Francisco.

Johannes C. Rothlind, PhD directs the Neuropsychological Assessment Program at the SFVAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology residency at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the Director of the Clinical Neuropsychology Residency training program at the San Francisco VA and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral residents). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

Monica Sanchez, PhD (she/her/ella), is a Clinical Psychologist at the Santa Rosa CBOC Mental Health clinic, where she provides evidence-based and trauma-informed treatment for veterans living within the SR CBOC catchment area. Dr. Sanchez is the MST coordinator at the SR CBOC and serves to help MST affected veterans to connect with care. Dr. Sanchez specializes in work with women and women-identified veterans, creating a treatment program that includes individual and group therapy to build on strengths of veterans and creating safe communities. Dr. Sanchez also has experience in working with SUD and Dual Dx treatment for veterans with SUD and PTSD. Prior to coming to the San Francisco VA in 2018, Dr. Sanchez received evidence-based treatment training for SUD and PTSD at the Boston VA Health Care System psychology internship and post-doctoral programs. She completed her Ph.D. in Clinical Psychology from Clark University. **Areas of mentorship interest/expertise:** effectiveness with interdisciplinary teams; diversity training and culturally-framed supervision.

Martha Schmitz, PhD, ABPP is a staff psychologist on the PTSD Clinical Team at the San Francisco Veterans Affairs Medical Center (SFVAMC) and Associate Clinical Professor at University of California-San Francisco School of Medicine. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees

from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include treatment of complex PTSD, co-occurring PTSD and substance use disorders, dissociation, and resiliency in survivors of trauma.

Meredith S. Sears, PhD, is a Clinical Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in suicide prevention and Dialectical Behavior Therapy (DBT). Dr. Sears earned her PhD in Clinical Psychology with a minor in Health Psychology at the University of California, Los Angeles (UCLA) in 2015. She completed her Clinical Internship with the Palo Alto VA Healthcare System, and clinical Postdoctoral Residency at the SFVAMC, with a focus on Empirically Based Practice and Women's Mental Health. Dr. Sears practices from cognitive behavioral and third wave psychotherapy frameworks and has particular experience teaching and supervising DBT and ACT. Her clinical and research interests include behavioral strategies that reduce suicide risk (such as limiting access to lethal means), and the intersection between emotion regulation skills and behavior, with an emphasis on behavior in interpersonal relationships.

Sarah Shonkwiler, LCSW is the Outreach and Education Coordinator of the San Francisco Veterans Administration (SFVA) Family Therapy Program and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She received her master's degree from the Smith College School for Social Work in 2000 and completed her post-graduate training at the Ackerman Institute for the Family in New York City. Additionally, she has advanced training in Emotionally Focused Therapy (EFT) for Couples. Her extensive experience in VA and Community Mental Health settings has encompassed therapy provision, clinical supervision and program management.

John Straznickas, MD is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Addiction Recovery Treatment Services (ARTS) Program at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology residents, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

Michael Stroud, PhD, currently works in Rapid Access and VA Community Care. He received his PhD in Clinical Psychology from the University of Alabama. He completed his internship at the University of Washington School of Medicine. He remained there for two research residencies in Rehabilitation Psychology with an emphasis in pain management. He then completed a residency in Clinical Health Psychology at VA Connecticut Health Care System. He has worked in primary care psychology at VA Palo Alto Health Care System and in pain management at Eastern Colorado VA Health Care System. In collaboration with Dr. Robert Kerns, he has contributed to the WHO ICD-9 classification on pain. In his spare time, Dr. Stroud enjoys participating in wheelchair 5K events. He usually comes in last but always finishes.

Nicole Torrence, PhD, is a clinical Geropsychologist in the Community Living Center at the San Francisco VA Medical Center, where she co-leads the geropsychology postdoctoral track and holds a

faculty appointment in the Department of Psychology at the University of Washington.

Dr. Torrence received her doctorate in Clinical Psychology with a curricular emphasis in Geropsychology from the University of Colorado, Colorado Springs. She completed her internship at the VA Palo Alto Health Care System and her Geropsychology fellowship at the VA Puget Sound, American Lake Division. Dr. Torrence values the further development of the field of Psychology and professional activities that contribute to the larger Psychology community. She serves as a Commissioner on the APA's Commission on Accreditation (CoA) to accredit doctoral, internship, and postdoctoral programs in health service psychology. Additionally, in collaboration with the Council of Professional Geropsychology Training Programs (CoPGTP) task force, she is leading an initiative to improve the assessment of Geropsychology competencies in trainees. Dr. Torrence values diversity, equity, and inclusion. She has been involved in many local and national efforts to develop diversity programming focused on recruiting and retaining diverse trainees and staff. Dr. Torrence's clinical, research, and service interests broadly involve teaching and education, aging, interprofessional care, program development, quality improvement, diversity, equity, and inclusion.

Courtney Valdez, PhD is a Staff Psychologist and Training Coordinator for the PTSD Clinical Team at the San Francisco VA Medical Center (SFVAMC). She is a Health Sciences Clinical Professor in the Department of Psychiatry at the University of California, San Francisco. Dr. Valdez obtained her Ph.D. in Clinical Psychology at Arizona State University. She completed her Clinical Internship at the VA of Northern California Health Care System and her Postdoctoral Residency at the University of California at San Francisco (UCSF) Child and Adolescent Services Multicultural Clinical Training Program. After completing her training, Courtney served as faculty through the National Center for PTSD at the VA Palo Alto Health Care System, conducting training and research in military sexual trauma (MST) with specific focus on women veterans. Before coming to SFVAMC, Dr. Valdez provided direct clinical services to veterans exposed to combat and/or MST at the San Francisco Vet Center. Within the PCT, Dr. Valdez conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing treatment motivation and engagement, particularly in the context of complex trauma. She has special interest in supporting clinical research for and delivering tailored phase-based treatments for chronic PTSD. She is a VHA Certified Provider of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), and Integrative Behavioral Couples Therapy (IBCT).

Lindsay Wakayama, PsyD is a Clinical Health Psychologist at the SFVAHCS in Integrated Care Psychology (ICP) and Primary Care Mental Health Integration (PCMHI), where she provides behavioral medicine and integrated care services for Veterans. She is also an Assistant Clinical Professor of Health Sciences at the University of San Francisco, California (UCSF). In 2019, Dr. Wakayama earned her doctorate in Clinical Psychology from the PGSP-Stanford Psy.D. Consortium. She completed her Doctoral Internship at the VA Palo Alto Healthcare System with an emphasis in Behavioral Medicine, and Postdoctoral Residency at the San Francisco VA Healthcare System with an emphasis in ICP: Primary Care. Dr. Wakayama's clinical and research interests include assessment and treatment of weight management/body image concerns, sleep difficulties, chronic pain, chronic illness, burnout, and treatment adherence, as well as providing psychosocial evaluations for pre-surgical organ transplant and bariatric candidates.

Samuel Wan, PhD, is Director of Training for the Psychology Postdoctoral Residency Training Program at the SFVAHCS, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD (SUPT)

Clinic and Associate Clinical Professor in the Department of Psychiatry and Behavioral Services, Weill Institute of Neuroscience at the University of California, San Francisco. He completed his doctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral residency in Co-occurring and Substance Use Disorders at the SFVAHCS. He received his PhD in Counseling Psychology from Boston College, and BA in Psychology from the University of California, Berkeley. As team member of the SUPT clinic, Dr. Wan performs clinical, teaching and supervision activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. Dr. Wan is a Site Visit Chair with the Commission on Accreditation, and committee member of the Postdoctoral Committee and Standards and Review Committee with APPIC. Dr. Wan is the 2021-2022 Treasurer of the Association of VA Psychologist Leaders (AVAPL), after completing his term as President. From 2013-15 he served as Chair of the Conference Planning Committee for the 17th and 18th Annual VA Psychology Leadership Conferences and remains a planning committee member. He is a member of the UCSF Department of Psychiatry Diversity Committee and a former longstanding member of the VA Psychology Training Council's Multicultural and Diversity Committee. He is also a member (and former chair) of the SFVHCS Psychology Diversity Committee, and is former Member-At-Large, Ethnic Minority Slate, for Division 51 (Society for the Psychological Study of Men and Masculinity). In 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected to receive the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the AVAPL. In 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

Erin C. Watson, PsyD, is a Clinical Health Psychologist at the San Francisco VA Health Care System (SFVAHCS) where she provides behavioral medicine and integrated care services. She is an Adjunct Professor at the University of San Francisco (USF) and Assistant Clinical Professor of Health Sciences at the University of San Francisco, California (UCSF). Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology and Behavioral Medicine from Adler University in 2014. She completed her Doctoral Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Diseases. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson is the Associate Director of Psychology for the VA's primary care Education for Patient Aligned Care Teams (EdPACT) interprofessional program. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement (MI/MET) therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies.

Jenny Yen, PsyD, is a Geropsychologist who provides behavioral health interventions, (telehealth and in-person) neuropsychological testing and capacity evaluations to veterans aged 60+ in outpatient San Bruno VA, outpatient Santa Rosa VA, and CLC at San Francisco VA Medical Center. She served as co-chair of Division 20 Gender, Sexuality, and Aging special interest group for 2 years. Prior to joining SFVAMC in 8/2020, she was the training director and supervised externs at the Institute on Aging. She

also served as the early career psychologist (ECP) representative for Psychologists in Long-Term Care (PLTC) and advocated for ECPs to have their own distinct identity and raised awareness for ECP challenges. She completed her geropsychology postdoctoral fellowship with a year-long focus on geriatric neuropsychology at the Palo Alto VA Health Care System. She received her doctoral degree with a concentration in geropsychology at William James College in Boston, MA, where she focused her dissertation on the sexuality of older adults. **Areas of mentorship interest/expertise:** developing one's authentic identity and clinical practice even if it goes against the grain, multicultural identities, multimodal learning, , clinical supervision with a focus on power dynamics and professional development, ECP identity and transition, student loan debt, and salary negotiations for ECPs.

Tauheed Zaman, MD is Medical Director of the Prescription Opioid Safety Team (POST), a multidisciplinary service that cares for medically complex, opioid addicted patients at the San Francisco VA. He supervises UCSF psychiatry residents in their Longitudinal Care Experience clinic, and UCSF Addiction Psychiatry residents in managing a variety of substance use disorders. He has served on the Council for Addictions at the American Psychiatric Association (APA), authoring the APA's position statement on marijuana as medicine, and presented a series of APA workshops on behavioral addictions, and on integrated care. He has published on psychiatric comorbidities associated with substance use in both adults and adolescents, and on practical approaches to motivational interviewing for medical providers. He completed his psychiatry residency at the Harvard-Cambridge program, where he served as Chief resident, and completed his residency in Addiction Psychiatry at the UCSF/San Francisco VA.

Joan Zweben, PhD is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.